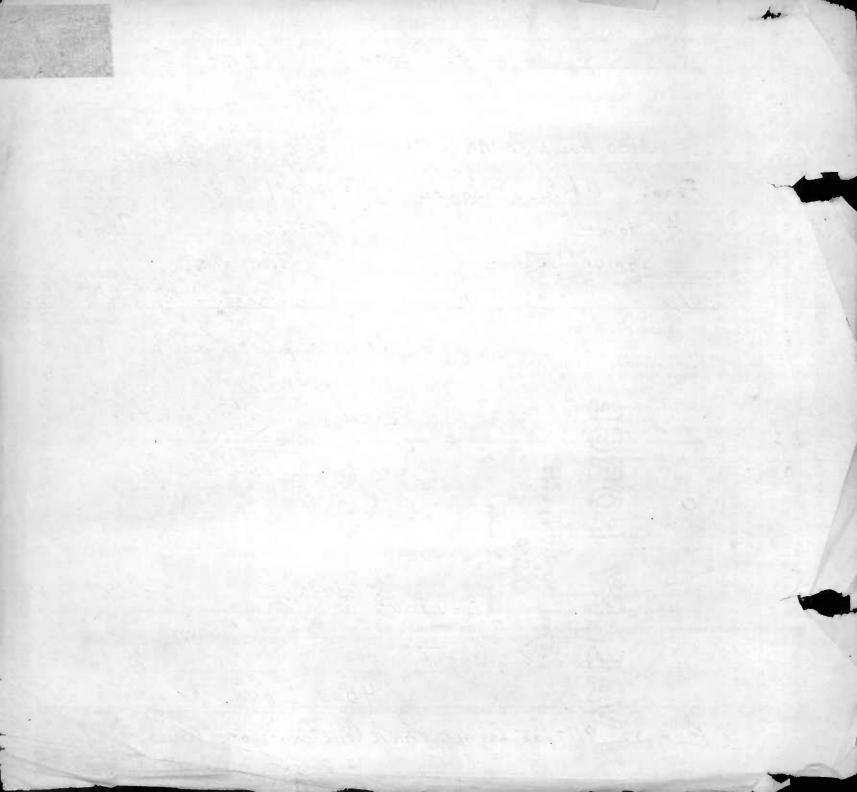
Registered No. 2. DATE AND HOUR OF DEATH A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) 9. AGE (In years If Under 1 Yr. Months! Doys Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? GUERNS ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in(my) (aur) opinian death occurred on the date 23 B. DATE SIGNED

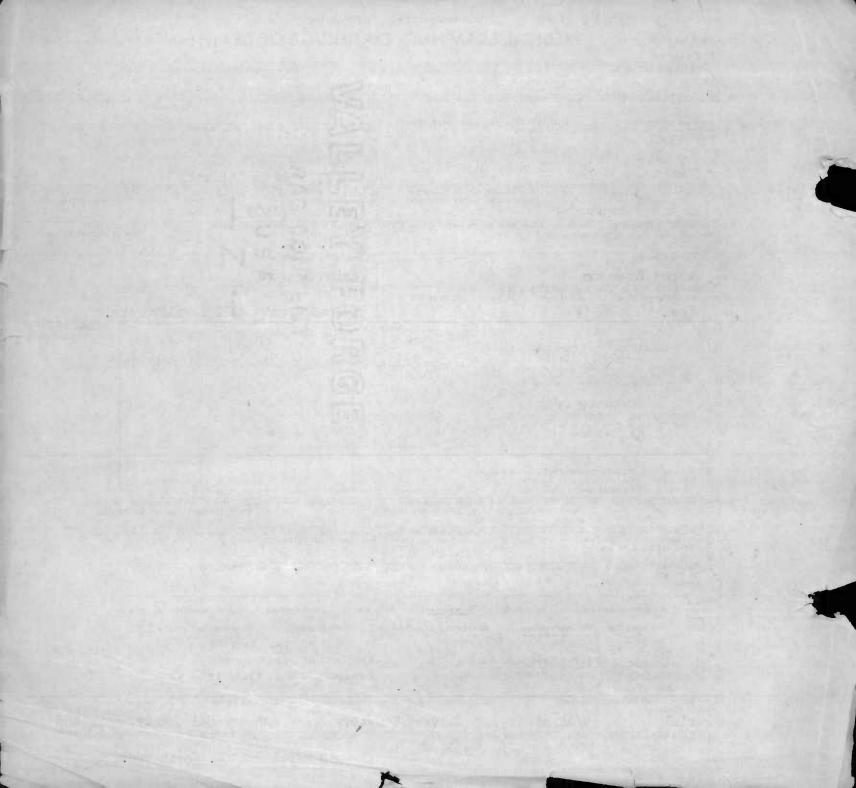
BALTIMORE CITY HEALTH DEPARTMENT



1345. Burkarah JENOR CHAIRS MARCEICO 11122 Callate . Takeng consist francoupe - DE Day Sugar wellton man John Dungage - - - -The 5 marshare Chinese

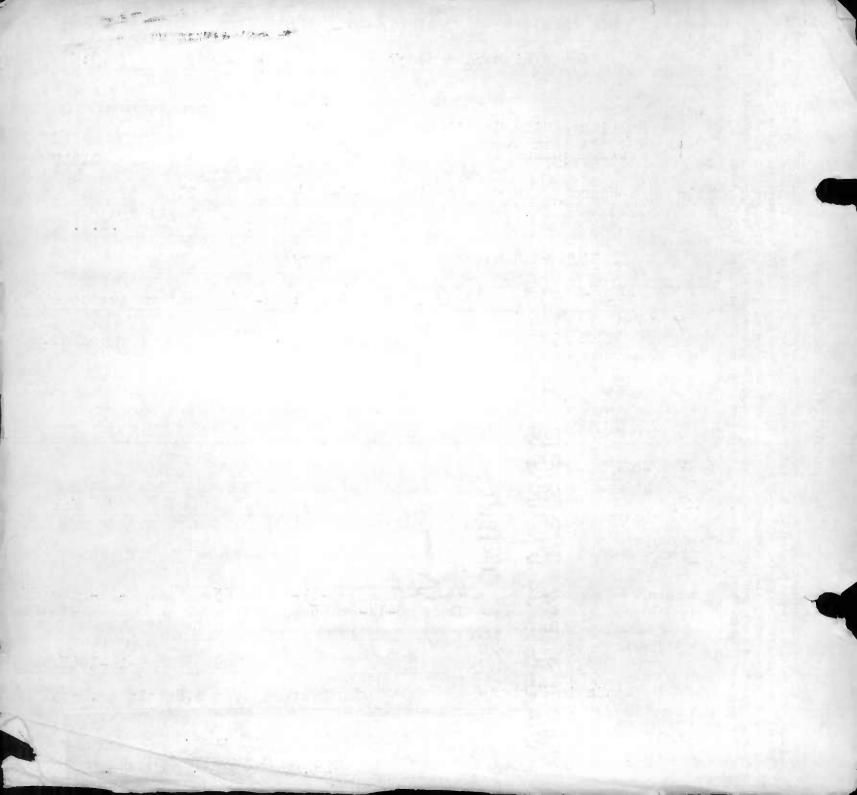
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2	3	8	- 1	100	8	ø	3

	00	2000		BALTIMORE CITY HEAT				CE	050
BIR	TH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICATE	OF	DEATH Regist	ered No. 00	950
_	E. CASE NO.								
1. (Ty	NAME OF DE	CEASED			2,		D HOUR PRONOUNG		
		GEORGE T					eptember 9,		6:15 A
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDEN	CE (Where	deceosed lived. If ins	stitution: residence UNTY	before odmissio
HC	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	c. city or town	yland timor	e corporote limits, write	te RURAL ond give	township)
	22	Talana II	Ta - 1- 1	II i h - 1	D. STREET ADDRES	S (If rurol,	give location)		-01
	2	Jonns H	opkins	Hospital	1238	Edyth	e Street		
5. 5	male	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	1901	9. AGE (In years lost birthdoy) 62	If Under 1 Yr. Months Doys	If Under 24 Hr Hours Min.
		UPATION (Give kind of working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	Wash., D.		n country)	12. CITIZEN OF WHAT COL	
13.	FATHER'S NAM	ME			14. MOTHER'S MAIL		E		
	George 1	Chompson			Jumima Ray	nsom			
15.	WAS DECEASE	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(16:	Yes	WW II	s or service	SECORITI NO.	Raymond He	onns	2021 Lewel:	lvn Ave.	
	1B. // 0	911		CAUSE	OF DEATH	oppe	20102	-	VAL BETWEEN
	7 DISTA	ST OF CONDITION D	ALON V						T AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH	KECILY	Arter	iosclarotic	card	iowaccular	disassa	
П	(This does	not mean the mode of , osthenio, etc. It means	dying, e.g.,	DUE DUE	iosclerotic	. caru	Iovasculai	disease	******************
	injury or co	mplication which coused	deoth.)						
		ANTECENDENT CAUSE	S						
		OR CONDITIONS, IF A		DUE TO					****************
_	UNDERLYI	NG CONDITION LAST.	i into int	(6)					
Ö				(C)					
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T	NG HE				10.0	
RTI		F OPERATION 198, CON		WHICH OPERATION	20A AUTOPSV2 (V	(os os No)	208, IF YES, WERE F	INDINGS CONSID	CBCD
2	0	WAS PER	FORMED	WINGIN GILKAHON	No	162 01 140/	IN CERTIFYING CAU		EKED
AL		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHE	ERE DID	(If in Boltimore City, o	give exact location)	
EDIC		JSE OF DEATH.	home etc.)	, form, foctory, street, c	office bldg., INJURY O	CCUR?			
Z	21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21 F, HOW	DID INJU	JRY OCCUR?		
	OF INJURY (APPROX.)		V	VHILE AT NOT	WHILE CORK				
	22. 1 cer	tify that I held on I	nquiry 🗌	Inspection X Aut	ropsy ond th	hot on thi	is bosis, deoth in	my opinion	
	resu	Ited from: Notucol con	uses X	ccident D Suicid	e Homicide		Indetermined monn	ner	
		1/1/1			CHIEF MED				
	ACTUA		neste	1946 40	ASSISTANT MED			DA.	TE SIGNED
	SIGNAT EXAMIN	NER'S	Breiter	ecker, M.D.	ASSOCIATE MED			9/8/6	5
23A	NAME (C. NAME of CEMETERY of	CREMATORY	23 D. I	OCATION (City	y, town, or county)	(Stote)
RE/	MOVAL (Specif			At Calvary Cen			Arundel Con		
		BY HEALTH DEPT	248 NAAAE	OF DEGISTRAD	24C. FUNERAL			ADDRES	
-7/	SEP	1 6 1965 120	68.	failey M. D.			928 E. North		
Ve	151-REV-1/1/				1111 0 .10.		,		
. 2	1-11-14-14-17-17	V M		The second secon					

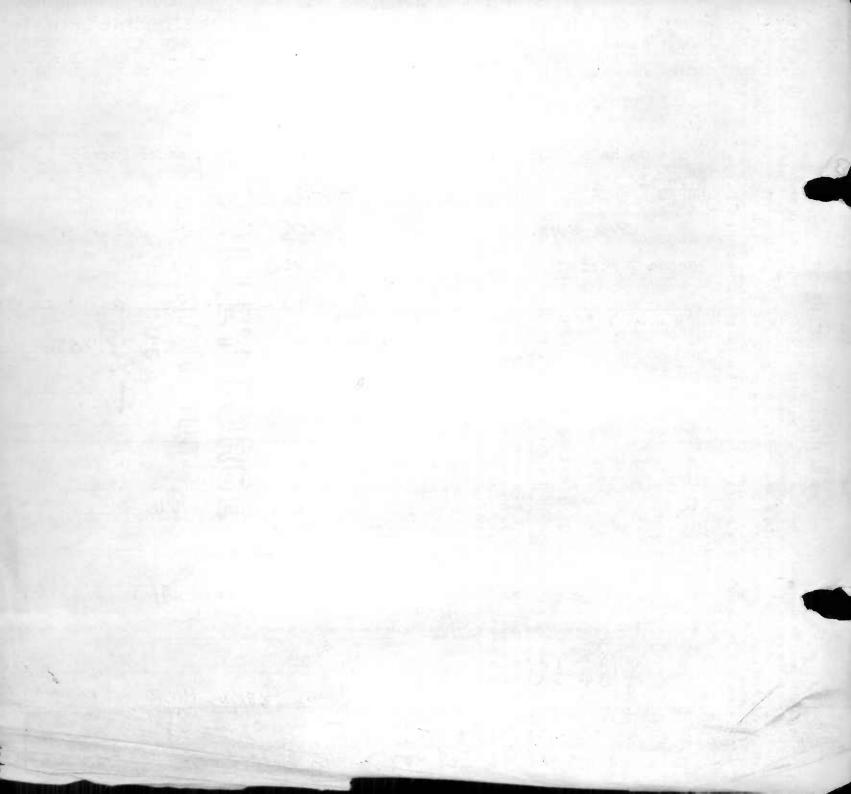


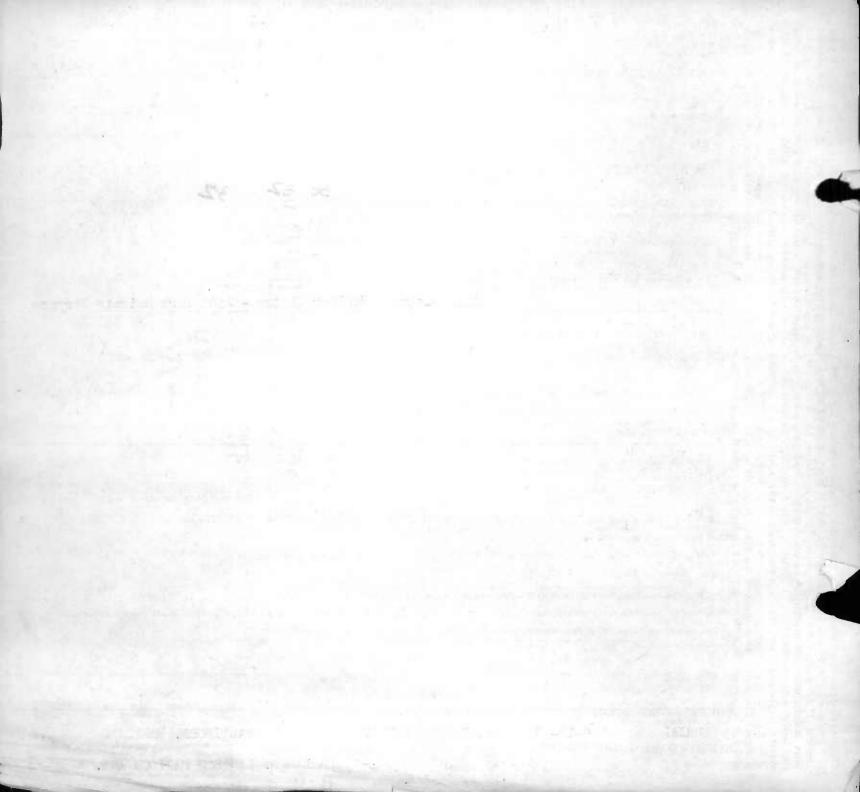
FUNERAL DIRECTOR: IMPORTANT

H520		BALTIMORE CITY	HEALTH DEPARTMENT		65 9504
BIRTH NO.	-65 9504	CERTIFICA	TE OF DEATH	Registered Na.	00 0004
M.E. CASE NO.				D HOUR OF DEATH	
(Type or Print)		hard Hancock		14-1965	8:50 Pm
3. PLACE OF DEATH	IN BALTIMORE, MARYLAND				nstitution; residence before admission)
			A. STATE B. COUN	ITY	1
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in haspital or institu oddress or location)	tian, give street	Maryland C. CITY OR TOWN (IF au	tside city limits, write	RURAL ond give township)
	ltimore City 940 Eastern Av		Baltimore D. STREET ADDRESS (IF	rural, give lacotian)	
SI Ba	Himore Maryla	nd 21217	1401 Myrtle	Astonno	21217
5. SEX 6.	timore, Maryla	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Male		owed, divorced (specify) ver Married of Business or industry	4-6-1944	last birthdoyl 21	Months Doys Hours Min.
	rking lile, even if retired)	O DOSINESS OF INDOSIKI		ign coomiy,	WHAT COUNTRY?
			Maryland		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	Richard Ha	ncock	Mary		
5. Wos Deceased Ev	ver in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknawn) (III	f yes, give war or dotes of sen	214-40-8855	Records:BCH-	4940 East	ern Avenue 21224
18.4 90 DISEASE	OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ADING TO DEATH	Loh	ar Pneumonia		48 hours
	meon the made of dying,	e.g., DUE TO			
	sthenia, etc. It means the dis icotion which caused deoth.)	ease,			
	ITECEDENT CAUSES	(B)		************************************	
	CONDITIONS, if any, g	DUE TO			
	abave cause (A) stating				
UNDERLYING	CONDITION last.	***************************************		******************	
E TO THE DEA	CANT CONDITIONS CONTRIBUTE NOT RELATED TO				
U 19A. DATE OF O	PERATION 198, CONDITION	FOR WHICH OPERATION	120 A. AUTOPSY? (Yes or No	208. IF YES. WERE	FINDINGS CONSIDERED
E 2	WAS PERFORMED		Yes or No	IN CERTIFYING CA	USES OF DEATH? Yes
U 21A, ACCIDENT	WAS UNDERLYING	218. PLACE OF INJURY (e.g., in		(If in Baltimar	e City, give exact lacation)
OR CONTRIBUTI	NG CAUSE OF	hame, farm, factory, street, at	fice bldg., INJURY OCCUR?		o on,, gree ones. reconstru
OF INJURY	Manth) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		While At Not Whil	e 🖳		
		Wark At Work		17	0.31
22. I certify th	at (I) (this hospital) attend	ded the deceased fram	, ,		
that (I) (we) Ia	ist saw the deceased alive	an 9-1	4- 19 65 and th	at in(my) (aur) api	nian death accurred on the dat
and have and f	ram the causes stated aba	ve. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	/ 1/	/			238. DATE SIGNED
1/5	in t Hug	M.D. Atte	ending Med. Director	Stoff Phys.	9-14-1965
23C. PHYSICIAN	5		23D. ADDRESS		//-/
NAME (Typy	Benjamin Hugh	es M.D.	4940 Eastern	Avenue Re	ltimore, Maryland
REMOVAL (Spe		4C. NAME of CEMETERY or CRI	EMAIORT 24D. L	OCATION (C	ity, tawn, ar county) (State)
Burial	9/18/65	New Cathedral C	Cemetery Ba	lto., Md.	
25A. DATE REC'D B	Y HEALTH DEPT 258. NA	ME OF REGISTRAN	25C. FUNERAL DIRECTOR		ADDRESS
SE	L TP 1202 (1966	DE, Jankeymill	Wm. C. March	928 E. No:	rth Ave.
VS 150-REV. 1/1/65		7 5 8 3			



_ 65 ;	. 5	S (0 3 0 BALTIMORE CI	TY HEALTH DEPARTMENT	CE OFOR
Sim (2 E D D E	BIRTH NO. M.E. CASE NO. 65 9505 CERTIFIC.	ATE OF DEATH Registered Na.	65 9505
in	Suc	TINAME OF DECEASED (Type or Print) Nina Sherard She AROC	2. DATE AND HOUR OF DEATH	10.25-
0	h o ce	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institute A. STATE B. COUNTY	10:35a _{M.}
	S) D	FULL NAME OF (If not in hospital or institution, give street	Maryland	8-06
0.	P P P	FULL NAME OF (If not in hospital at institution, gree street HOSPITAL OR address at location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUR	AL and give township)
	S T D	37	Baltimore D. STREET ADDRESS (If rural, give location)	
7	d cat	The Johns Hopkins Hospital	*26 1606 North Cheste:	r Street
, was	b b ad	5. SEX M Femal 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		f Under 1 Yr. If Under 24 Hrs.
	ontril ermir regulesed is mo	NEXXX Negro Widow	3-11-83 82	
-	n r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if refired)	(Y 11. BIRTHPLACE (State or fareign country)	2. CITIZEN OF WHAT COUNTRY?
0	S D E	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	USA
- 1	(4) U wa the spos			
Z	de fed	Jesse Foster 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Cora Vick	ADDRESS
Z.	kin de ce	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Styles man a last	1
Ö	if ind and dan	18. 4. 22 1 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
S W	9 2 2 9	DISEASE OF CONDITION DIRECTLY	ASCYD	
	Als	(This does not mean the made of dying, e.g., DUE TO	(SCYD	ZUYBS.
2	actur pro ular mbal	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
10	fra ho egul	ANTECEDENT CAUSES (B) DUE TO		**************************************
, E	XG XG	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		2
DIRE	Sy (Sy (in)	UNDERLYING CONDITION last.		
AL	dical urns; ysicia was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
10 C	ENDO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	100	
Z	Bod the ysic e th	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINI	S OF DEATH?
J. S.	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OP CONTRIBUTING CAUSE OF	, in or obout 21 C. WHERE DID (If in Boltimore Ci office bldg,, INJURY OCCUR?	ly, give exact location)
>		DEATH (notify medical examiner)		
2	hosp natur d (6) ained	21D. TIME (Month) (Day) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY (Approx) (Month) (Day) (Yeer) (Hour) 21E. INJURY OCCURRED While At Not W	21F. HOW DID INJURY OCCUR?	
2	0 - 5	Work Al Wa	rk 🗀	[15
	1 0	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an	19 65 ta 9 1	19 (5)
0		and haur and fram the causes stated abave. ((We) did) (did nat)		in death accorred on the date
*	eased to ident of hospital death) must b	23A. SIGNATURE		B. DATE SIGNED
- 5	ele cciccie	Mana	hys. Med. Stoff hys. Phys.	9/15/65
	L = 0 . L	23C. PHYSICIAMS J. R. SPENCER	23D. ADDRESS	
Gartificate		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	JOHNS MORYNZ HOST.	lown, or county) (State)
t	B 0 0 5	REMOVAL (Specify)	Of the month	a level
	the body shows: (I was D.O decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
f	+ 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4	SEP 16 1965 Robert E. Falleman	Itagoritha - Hou	millautive
		V\$ 150-REV 1/1/65		The same of the sa





BIRTH NO.	65	2507		TE OF DEAT		5 9507
M.E. CASE NO.			CERTITICA		E AND HOUR OF DEAT	
(Type or Print)		mu				
B. PLACE OF D	LUCY B. SMI	RYLAND		4. USUAL RESIDENCE	(Where deceased lived, If	965 AT 12.P.M. institution: residence before odmission
FOOTAND HOSPITAL OF	OLPHIN, STREE	institution, g	give street	MARYLAND		11-04
INSTITUTION	a degrees of focusion	"		BALTIMOF	Œ	e RURAL ond give to vnship)
00				307 DOLE	(If rurol, give locotion) PHIN STREET	
FEMALE	6. RACE COLORED	WIDOWED		JAN. 24, 188		If Under 1 Yr. If Under 24 H Months Doys Hours Min.
HOUSEWI		108, KIND OF	BUSINESS OR INDUSTR	CUMBERLAND,	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
ALBERT	ROBERTS			HEILORN LO		
	ed Ever in U. S. Armed For wn) (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT MARY GLOVER	307 DOLPHI	ADDRESS
1B.	21.01		CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
UNDERLYII	OR CONDITIONS, if the abave couse (A) NG CONDITION lost.	stating the	3	RONI(MITRAL	VALVE LEAK	1964.
DISEASE O	R CONDITION CAUSING I	Т.		TAA A		
110	ON E	FORMED	NONE.	NONE	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DEATH (not	ify medical examiner	21B. hom etc.)	e, lorm, foctory, street,	in or obout 2TC. WHERE D office bldg., INJURY OCCU	ID (II în Bolhm	ore City, give exact location)
OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED	ile 🗂	O INJURY OCCUR?	
22. 1 certif	fy that (I) (this hospital) attended th	ne deceased fram	ANIIAROS 10	3.4.19 togpp	TEMBER 13 1965
that (I) (w	allast saw the decease	d alive an S	EPTEMBER 1	3 1985		pinian death accurred an the
	and fram the causes stat	red above. (I	Wed (did) (did and)	view the bady after de	ath. yes	,
and haur of	and fram the causes stat	ed obove. (I	4		700	23B. DATE SIGNED
Oleu 230. PHYSIC	TURE Peter	Cola	4	tending Med.	ath. Yes	23B. DATE SIGNED
234,810NA OLCU 25C. PHYSIC NAME CH.	TURE PETER IAN'S (Type) ARLES PETER	CLAUTI	CE ME	tending X Med. Director [23D. ADDRESS]	Sholl Phys. AUL STREET.	SEPTEMBER 13 1 SEPTEMBER 13 19
234 SIGNA OLLU 25C. PHYSIC NAME CH. 24A. BURIAL CI REMOVAL	TURE PLEATER HAVS (Type) ARLES PETER REMATION, 248. DATE (Specily)	CLAUTI 24C.NA	CE MAGE OF CEMETERY OF CI	tending X Med. Director [23D. ADDRESS]	Stoll Phys. AUL STREET	SEPTEMBER 13 1 SEPTEMBER 13 19 City, town, or county) (Stote
234 SIGNA 25C. PHYSIC NAME CH. 24A. BURIAL CI REMOVAL BURIAL	TURE PLANS (Type) ARLES PETER REMATION, 246. DATE	CLAUTI 24C.NA	CE MAGE OF CEMETERY OF CH	tending X Med. Director [23D. ADDRESS]	Stoll Phys. AUL STREET. AUL STREET. AD. LOCATION (CONTROL OF CONTROL OF C	SEPTEMBER 13 1 SEPTEMBER 13 19 City, town, or county) (Stote
234. SIGNA 235. PHYSIC CH. 24A. BURIAL CI REMOVAL BURIAL	TURE PETER REMATION, (Specily) 10 10 10 10 10 10 10 10 10 10 10 10 10 1	CLAUTI 24C.NA	CE MAGE OF CEMETERY OF CH	tending X Med. Director [23D. ADDRESS] 123D. ADDRESS 123D. SAINT PAREMATORY 25C. FUNERAL DIRECTOR [25C. FUNERAL	Stoll Phys. AUL STREET. AUL STREET. AD. LOCATION (CONTROL OF CONTROL OF C	SEPTEMBER 13 1 SEPTEMBER 13 19 City, town, or county) (Stote MARYLAND ADDRESS

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ABBERT MINE THE CONTRACT OF THE PARTY OF THE

THE PARTY AND TH

Was

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

the

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death.

258. NAME OF REGISTRAR

7:30

If Under 24 Hrs.

Hours

ADDRESS

E. F. Mimms - 1827 Hull St., Richmond, Va.

25C. FUNERAL DIRECTOR

INTERVAL BETWEEN ONSET AND DEATH

This state of the state of the

A SAME OF THE PARTY OF THE PART

IMPORTANT FUNERAL DIRECTOR: BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5.5 Sept. 14, 1965 2:30

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before C. CITY OR TOWN (If outside city limits, write RURAL ond give township) BENTALOW If Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS Earl Smith - 2002 N. Bentalou St. INTERVAL BETWEEN ONSET AND DEATH CILCERATIVE COLITIS 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location)ond that In(my) (our) apinion death occurred on the date 23B. DATE SIGNED Baltimore, Maryland Charles R. Law 802 Madison Ave.

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Service . The service service

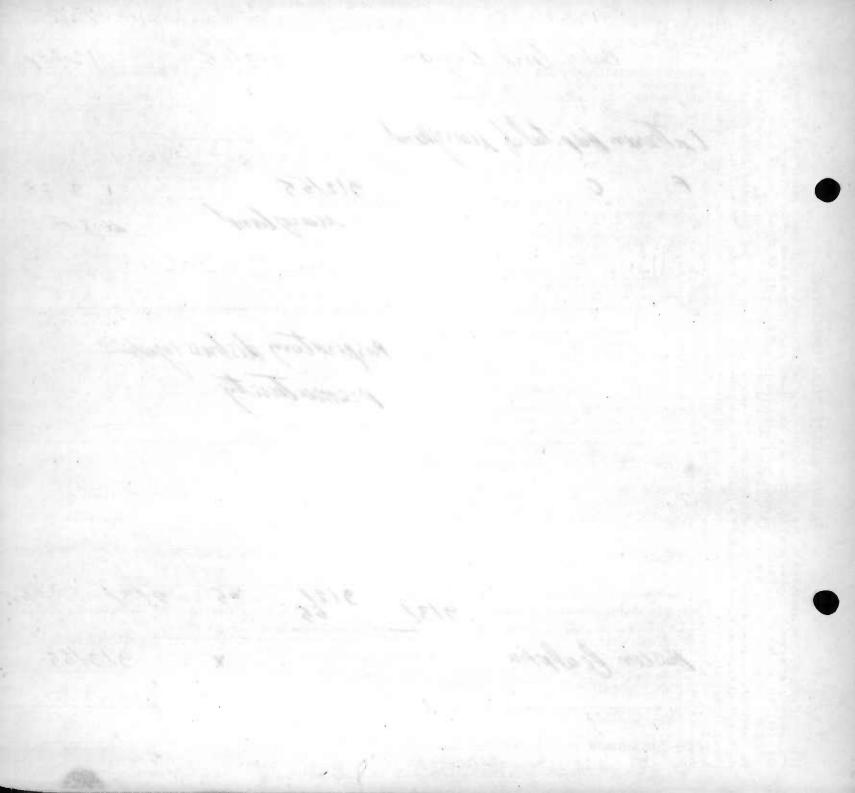
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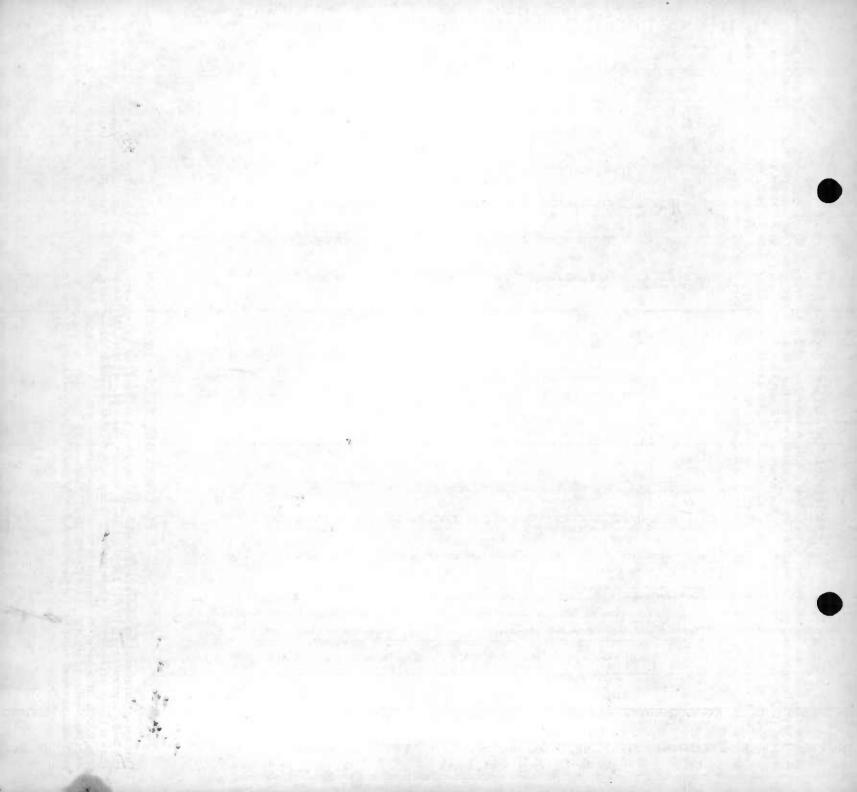
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

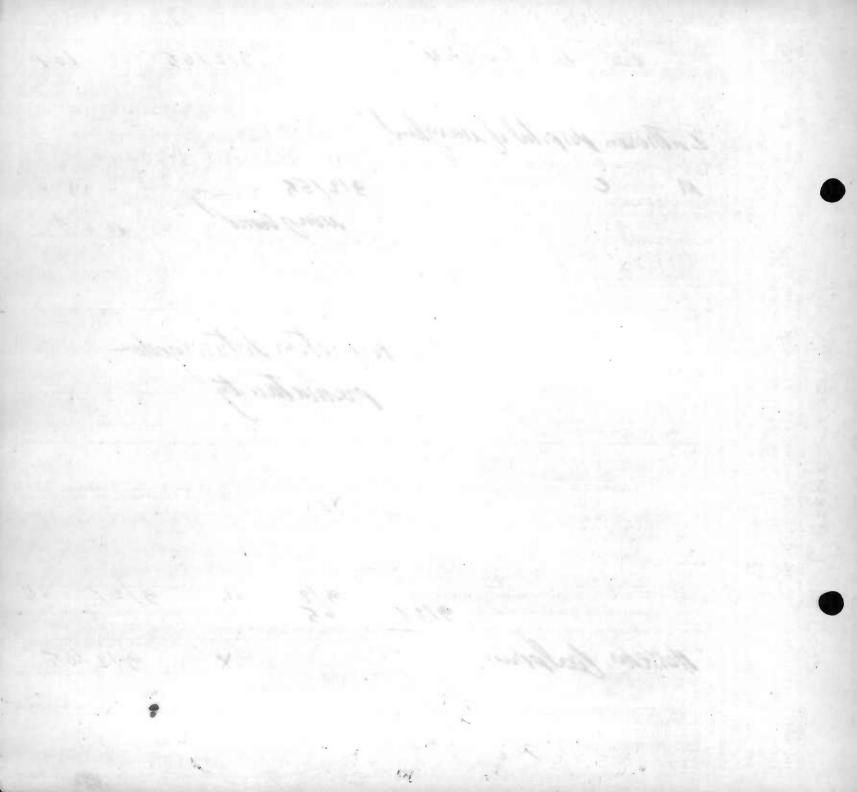
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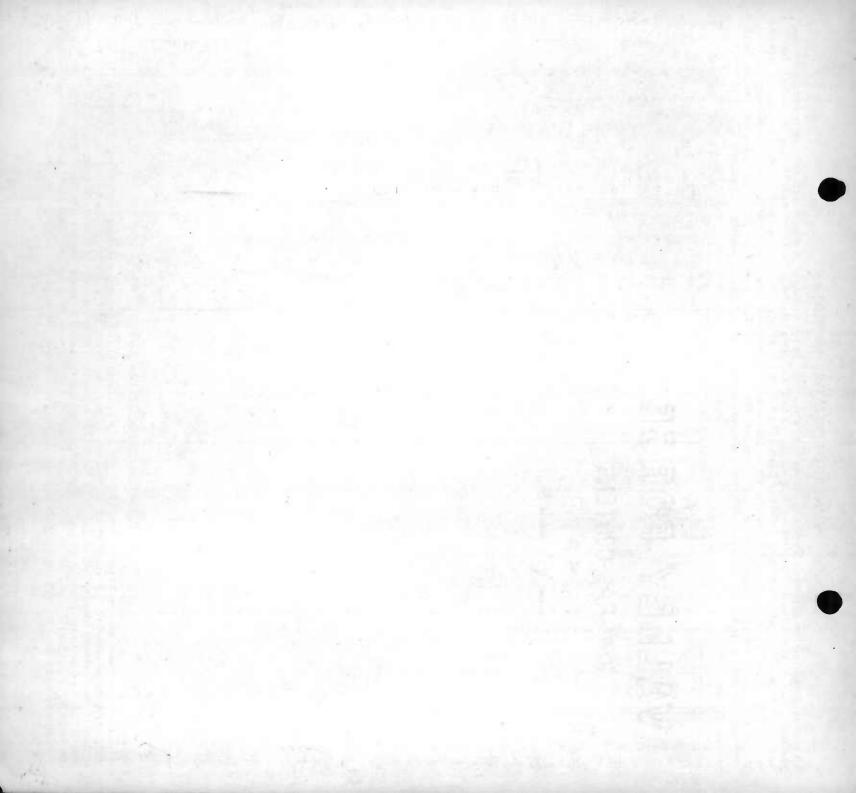
	RTH NO. 65-21717 65 95	A 2 BALTIMORE CITY	HEALTH DEPARTMENT	4
		CERTIFICA	TE OF DEATH Regist	tered No. 65 9513
1.	LE CASE NO. NAME OF DECEASED	100	2. DATE AND HOUR	OF DEATH
	ype or Print) Dabw Diec	Murphy	8-29-6	5 1 11 P M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	lived. If institution: residence before admission)
	FULL NAME OF (If not in haspital or institu	tion, grve street	Makerland	/Sallo
	HOSPITAL OR address or location) INSTITUTION			mits, write RVRAL and give township)
17			D. STREET ADDRESS (If rurol, give I	S.3-00
	Marin HassiT	0.6	3511/ / 0/01/00	1 AUR = 3d.
5.		RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	yeors If Under 1 Yr., If Under 24 Hrs.
	r- Lu	OWED, DIVORCED (specify)	8-29-65 lost bighdon	y) Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
	and during most of working the, even interred)		(Dastinia	
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Davis J. Murch	N :	Thelma L. B	UNTON.
1 S.	. Was Deceased Ever in U. S. Armed Farces? es, na ar unknown) (If yes, give war or dates of ser	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	18. 770,01	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0+0-0	0
	(This does not mean the mode of dying,	e.g., DUE TO	iotylic disease g re	wan.
	heart failure, asthenia, etc. It means the dis		1000	
	ANTECEDENT CAUSES	(B) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	monpaledel	<u></u>
	DISEASES OR CONDITIONS, if ony,	DUE TO giving	1	
CALCERTIFICATION	rise to the obove cause (A) stating UNDERLYING CONDITION last.	the (C)		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING		
TAT	DISEASE OR CONDITION CAUSING IT.		[20 A ALIED DOMO/N NI-NI 000	WEST THIRDINGS CONTROLLED
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTDPSY? (Yes or No.) 20 B. IF Y	YES, WERE FINDINGS CONSIDERED IFYING CAUSES OF DEATH?
93.0	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If	in Baltimore City, give exact location)
4		hame, farm, factory, street, of	tice bidg., INJURY OCCUR?	
n or	21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	J R?
×	OF INJURY (APPROX.)	While At Not While Work		
	22. I certify that (I) (this hospital) atten-		8-29 19 45	10 8-29 1965
	that (I) (we) last saw the deceased alive	8 -7/4	25	(our) opinion death occurred on the date
	and hour and from the causes stated aba			
	23A. SIGNATURE	1		23B, DATE SIGNED
24	Vinas & Xhu	M.D. Atte	med. Stoff Phys.	- 8-30-69
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 - 1 1
	PETTY S.	The Hom M.D.	Mercy	Hospital.
24	A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY AT CH	MALOUR BOAR BOUNGEARIGH	(City, low), or county) (Stote)
	SEP 3 1965	MAINE	DCITY MEDICAL C	CHOOL
25	SA. DATE REC'D BY HEALTH DEPT. 258. NA	AME OF REGISTRAL	DIC FUNERAL DIRECTORAL	ADDRESS
25	SEP 16 1965 Robert E.	Farbey MA	MORTHARY SEDI	VICE RCHD
VS	150-REV. 1/1/6S		Orania Pril	TIOL - DOM



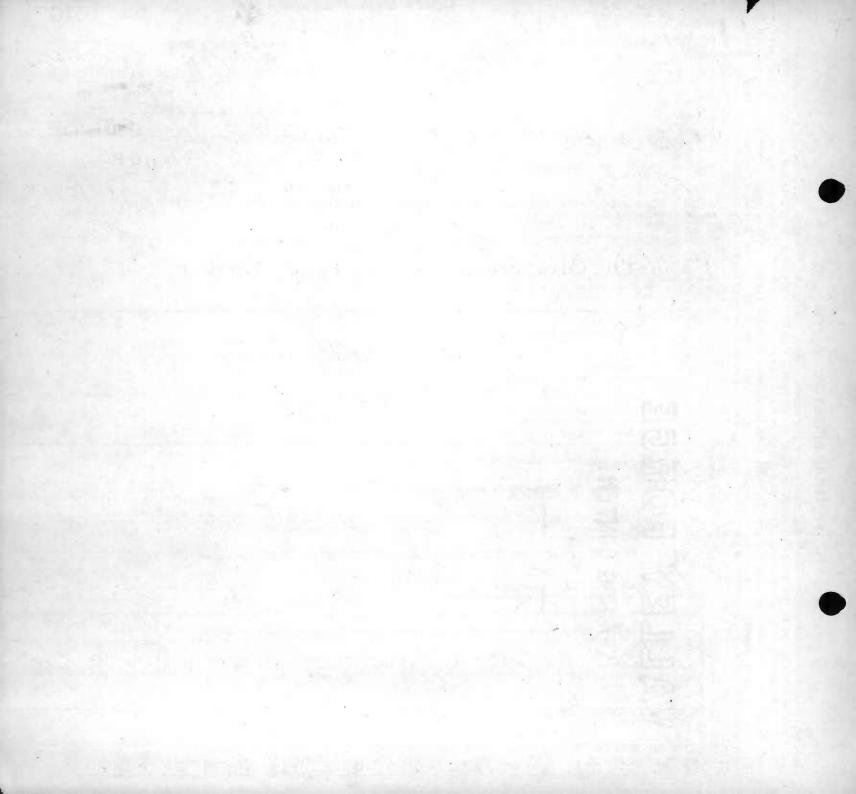
,	= 246.6 A 0=	BALTIMORE CI	TY HEALTH DEPARTMENT		0= 0=44
	5-2188065	9514 CERTIFIC	ATE OF DEATH	Registered Na	65 9514
M.E. CASE NO. I. NAME OF D Type or Print)		1 LOGAN		ID HOUR OF DEATH	101
PLACE OF D	DEATH IN MALTIMORE, MAI	YLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	aitution; residence before admiss
FULL NAME	OF (If not in hospital and test on location	or institution, give street	A. STATE B. COUN	tside city limits, write RI	URAL ond give township)
Luli	resan pospi	tal of waysbow.	D. STREET ADDRESS	rurol, give locotion)	renue
. S EX		7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
M	6	WIDOWED, DIVORCED (specify)	9/2/65	lost birthdoyl	Manths Days Haus Mi
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	AME		14. MOTHER'S MAIDEN NA	ME	-
(1):1	liama A	1.0000	Annie (k	7. Mc Cro	3/.
5. Was Deceas	sed Ever in U. S. Armed Fore		17. INFORMANT	· IICCA	ADDRESS
es, no or unkna	wn) (If yes, give war ar date	s of service) SECURITY NO.			
130		CANCE	OF DEATH		INTERVAL BETWEEN
18. 77	3,3		OF BEATH		ONSET AND DEATH
	ASE OR CONDITION DIR LEADING TO DEATH		and the	2/:- 1	
(This does	s not mean the mode of	dving, e.g., DUF TO	HOSPARACONI LA	6566613 34941	ecen .
heart failur	re, osthenio, etc. It means	the disease,			
injury or c	complication which coused	death.)	To the	·+1	
	ANTECEDENT CAUSES	DUE TO	respiratory a	1-49	
	OR CONDITIONS, if	ny, giving		/	
	NG CONDITION lost.	staling the (C)	**************************************		
	11				
Z OTHER SIC	II SNIFICANT CONDITIONS C	ONTRIBUTING			
TO THE	DEATH BUT NOT RELA	TED TO THE			
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O) 208. IF YES, WERE FI	NDINGS CONSIDERED
21	WAS PERF	OKMED	YES	IN CERTIFYING CAU	SES OF DEATH?
21 A. ACCII	DENT WAS UNDERLYING [BUTING CAUSE OF tify medical examiner)	21B. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.)	office bldg. INJURY OCCUR?	(If in Baltimare	City, give exact location)
21D. TIME	(Manth) (Day) (Year)	(Haur) 21E INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
OF INJURY		While At Not W	hile		
		Work At Wa			- 1- 1
22. I certi	ify that (I) (this hospital	attended the deceased from	9/-	1965 10	9/2/196
that (I) (w	re) last saw the decease	d alive on 9/2/	19.6 ond th	not In(my) (aur) apin	ian death accurred an the
and haur	and from the causes stat	ed above. (I) (We) (dld) (did nor	_		
23A. SIGNA		17	,		23B, DATE SIGNED
that	Cody Park		Attending Med.	Staff Phys.	019/65
220 0114		P	hys. Director	Phy s.	114/00
23C. PHYSIC	CIAN'S (Type)		23D. ADDRESS		
		ANIAT	DAV DOADD OF	MARVIAN	
	REMATION, 248. DATE	24C. NAME OF CEMETERY OF	REMATOR DU A TO 1240.	OCATION (Cit	y own, or county) (Sto
KEMOVA	L (Specify)	THAIRTIC	DCITY MEDIC	I SCHOOL	
SA DATE DEC	TO BY HEALTH DEPT. 14	ABOUME OF REGISTRAR	KOLLY MENICA	H HUN	ADDRESS
	1 6 1965 1 0	C Fallenge	25C. FUNERAL DIRECTO	RV SERVIC	F - BCHU
SEP.	10 1200 (Prier	ロートがはない	HUNTUA	MI DLMII	710
	13/10	and the same of th			



	1 = 22 12 2		HEALTH DEPARTMENT		CE OF . C
	н но. 65-23/22 65 9513	CERTIFICA	TE OF DEATH	Registered No.	00 9515
, N	AME OF DECEASED	cob William		165	19:20 PM
. P	LACE OF DEATH IN BALTIMORE, MARYLAND	cos william		re deceased lived. If institu	ution: residence before admission)
H	ULL NAME OF (If not in hospital or institut IOSPITAL OR oddress or location)		C. CITY OR TOWN (11 00	Iside city limits, write RUR	AL and give township)
1	Johns Hopkins Hos	pital	Baltimers D. STREET ADDRESS (III	rurol, give location)	
3	3		-	Duncan S	t.
. s	Male N'egro 7. MAR WIDG	RIED, NEVER MARRIED DWED, DIVORCED (specify) NEVER MARRIES		9. AGE (In years III III III III III III III III III I	Under 1 Yr. If Under 24 Hrs. Onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIN during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	2. CITIZEN OF WHAT COUNTRY?
			Maryland		USA
3.	Samuel Tham	es	Mildred	Wilson	<i>O</i>
	Was Deceased Ever in U. S. Armed Forces? ,no or unknown)(If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	None			
	18. 773,01	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	w H	valino Membr	ane Discult	Birth to 53 hrs
	(This does not meon the mode of dying, heart failure, asthenio, etc. It means the disc	e.g., DUE 10		***************************************	
	injury or complication which caused deoth.)	(8)			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	DUE TO			**************************************
	rise to the obove couse (A) stoting		100 mm	5	***************************************
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBITOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC/		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci	ity, give exoct locotion)
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	(APPROX)	White At Not White At Work	e 🗍		
	22. I certify that (1) (this hospital) attend	led the deceased from	914	19 6 T to 9	16 1965
	that (I) (we) lost sow the deceased olive	on 9/4	19 6 5 and th	at In(my) (our) opinio	n deoth occurred on the date
	and hour and from the couses stated above	ve. (1) (We) (did) (did not) v	riew the body ofter death.		
	23A. SIGNATURE	AA D AH	anding Aled		B. DATE SIGNED
	Herbert Kaiza	M.D. Atte	ending Med. S. Director	Stoff Phys.	9/6/65
	23C. PHYSICIAN'S NAME (Type)	M.D.	Jahne H		senital
244	BURIAL CREMATION, 248. DATE	C. NAME OF CEMETERY OF CR	EMATORY A 1 24D: L	OCATION A A SELD	town, or county) (Stote)
	REMOVAL (Specify) REP 14 1961	VIALIBLEDO	TOTAL BEED TO	CONCO	
25A		ME OF REGISTRAR	25C. FUNERAL AMECICA	SCHOOL	D C APPRESS
	SEP 16 1965 (Colub &	Jaile Mill	MURIUAK	SERVICE	- DCMM
VS	150-REV. 1/1/65		0 0 0		

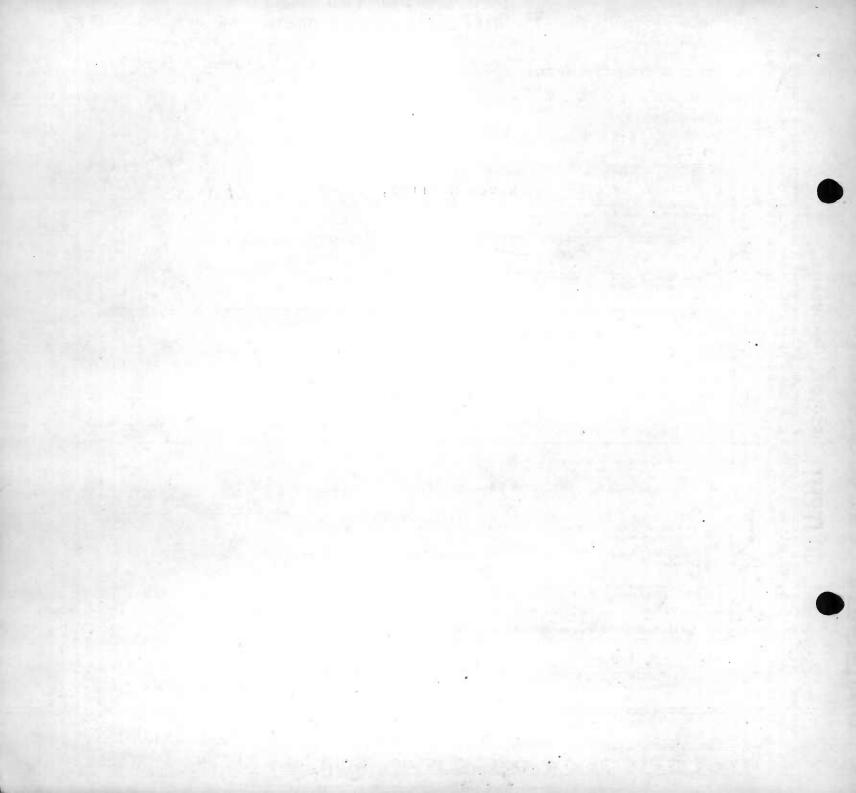


65-22643	BALTIMORE CITY	HEALTH DEPARTMENT	65 9516 N
BIRTH NO. 55 9516	CERTIFICA	TE OF DEATH Registered No.	00 0010
Type or Print) Babm Print	PARKER	2. DATE AND HOUR OF DEATH	9.45 AM
3. PLACE OF DEATH IN BALAMORE, MARYLAND FULL NAME OF (If not in hospitol or institut	tion, give street	4. USUAL RESIDENCE (Where deceased lived. If it A. STATE 8. COUNTY	institution residence before admission)
HOSPITAL OR oddress or locotion) 1 Thanks HOSPI (a)	of warpland.	C. CITY OR TOWN (If outside city limits, write Drbutus #27) D. STREET ADDRESS (If rurol, give location)	RURAL ond give township)
enwan g	0	2000 0 100 0	enue
6. RACE WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH 19. AGE (In years lost birthdoy)	If Under 1 Yr. I(Under 24 His. Months Doys Hours Min. 12 26
10A. USUAL OCCUPATION (Give kind of work) 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) World family.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Kenneth Clawso, 5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of serv	ice) 1 6. SOCIAL SECURITY NO.	Grace Parker	ADDRESS
18. 77 6 X I	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	I mand fluity	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc		The first of the second	*************************************
injuly of complication which coused death.) ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, gi	DUE TO		
rise to the above cause (A) stoting UNDERLYING CONDITION lost.	lhe (C)	•••••••••••••••••••••••••••••••••••••••	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? No 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, (octory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltimo fice bldg., INJURY OCCUR?	re City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this haspital) attend	led the deceased from	0/// 19 65 10	0/12/ 1965
that (I) (we) last saw the deceased alive	on 9/13/	19 5 and that in (my) (aur) ap	01.7/
and haur and from the causes stated above	ve. (I) (We) (did) (did not) v	iew the body after death.	
23A. SIGNATURE	Phy		23 B. DATE SIGNED 9/13/65
23C.PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS	ADVIAND
AA. BURIAL CREMATION, 248. DATE SEP 14 196	C. NAME of CEMETERY or GA	NIVERSITY MEDICAL S	SCHOOL
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
SEP 16 1965 Robert E. 3	Tabley 1 1 1	MUKLUAKY, SERVICE	- BCHD
/\$ 150-REV. 1/1/65		0 9 5 7	



)	357	l
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased as a bospital (except where the physician who pronounced death was in regular attendance on the desired arise of death.	
	a hospirate of (5) Dondance	3
	outing coustant are atte	200
	contrib	100000
=	irect or (4) Und	
ORTAN	assistan if the d ny kind;	2 6 1 2 1
FUNERAL DIRECTOR: IMPORTANT	r. Also,	7
ECTOR	examine examine 3) A frac who p	10801
AL DIR	medical edical burns; (3 hysician	
FUNER	by a m 2) Body e the p	priysicia
Ī	ed by th hospital ature; ((0)
	of any n	11); will
,	must be released recident a hospit	0
	This certificate must be apply the body was released to the shows: (1) An accident of a was D.O.A. at a hospital (מסיבים ליונים ביינים ליונים ליונים ליונים ליונים מיינים ליונים מיינים ליונים לי
	This ce the bo shows: was D.	

	9517 CERTIFICA		
NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
Payton, A.	rthony Russel		7 00 PM
PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceosed lived, If ins	titution: residence before admission
		11	2_#11
FULL NAME OF (If not in hospital or HOSPITAL OR oddress or location)	institution, give street	C. CITY OR TOWN (If outside city limits, write R)	
INSTITUTION			JRAL and give lownship)
Johns Hopkins	Hospital	Baltimore	
Johns Hopeins		D. STREET ADDRESS (If rurol, give location)	
55		2313 Avalon Ave	
	. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male Negro	NEVER MARRIED,	8-26-65 12 anus	1/
OA. USUAL OCCUPATION (Give kind of work)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)		V	WHAT COUNTRY?
		Maryland	USA
3. FATHER'S NAME	1 -	14. MOTHER'S MAIDEN NAME	
Anthony (Tai)	1	Jacqueline	
5. Was Deceased Ever in II. S. Anned Fatte	is? 16. SOCIAL	17. INFORMANT	ADDRESS
5. Was Deceased Ever in U. S. Armed Forde Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	THE CAMERIA	ADDRESS
		The state of the s	
18.77 7 / X 1	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY		ONSET AND DEATH
LEADING TO DEATH		ematurity	11 days
(This does not mean the mode of d	lying, e.g., DUE TO		
heart failure, asthenia, etc. II means II injury or complication which coused d			
	(B)		
ANTECEDENT CAUSES			
	DUE TO	**************************************	
DISEASES OR CONDITIONS, if or	ny, giving		
rise to the above couse (A) s	ny, giving		
rise la lhe above couse (A) s UNDERLYING CONDITION last.	ny, giving		
rise la lhe above couse (A) s UNDERLYING CONDITION last.	ny, giving sloting lhe (C)		
rise la lhe above couse (A) s UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI	ny, giving sloting lhe (C) NTRIBUTING ED TO THE		
rise la lhe above couse (A) s UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT! DISEASE OR CONDITION CAUSING IT.	ny, giving sloting the (C) NTRIBUTING ED TO THE		
rise la lhe above couse (A) s UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI	NTRIBUTING ED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED
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nise la lhe above couse (A) s UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT. DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS WAS PERFO	INTRIBUTING ED TO THE INTRIBUTION FOR WHICH OPERATION REMED 1218. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED
nise la lhe above couse (A) s UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT. DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS WAS PERFO	NTRIBUTING ED TO THE ITION FOR WHICH OPERATION RMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
nise la lhe above couse (A) se UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NTRIBUTING ED TO THE ITION FOR WHICH OPERATION PRMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI IN CERTIFYING CAU n or obout 21C. WHITE DID (If in Boltimore bldg., INJURY OCCUR?	NDINGS CONSIDERED SES OF DEATH?
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TISE IN THE ABOVE COUSE (A) SUNDERLYING CONDITION last.	INTRIBUTING ED TO THE INTRIBUTING ED TO THE ITION FOR WHICH OPERATION PRIMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN CERTIFYING CAU n or obout 21C. WHITE DID (If in Boltimore fice bldg., INJURY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
rise la lhe above couse (A) s UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) QF INJURY (APPROX.) 22. I certify that (I) (this hospital)	INTRIBUTING ED TO THE ITION FOR WHICH OPERATION PRMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While work Not Whil	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI IN CERTIFYING CAU n or obout 21C. WHITE DID (If in Boltimore line bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
Tise to the above couse (A) is UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIONS OF CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) that (I) (we) last saw the deceased	INTRIBUTING ED TO THE ITION FOR WHICH OPERATION PRMED 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN CERTIFYING CAU n or about 21C. WHERE DID (If in Boltimore linguity OCCUR?) 21F. HOW DID INJURY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
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VS 151-REV. 1/1/65

1000	H NO.	65 9518 MEDI		BALTIMORE CITY HEAL			DEATH Register	G Na	9518
	CASE NO.	FASED				2 DATE AN	D HOUR PRONOUNCE	D DEAD	
(Тур	or Print)							D DEAD	
3. PL	ACE IN BALT	ALONZA I	HERE PRONOL	IER	4. USUAL RESID		deceosed lived. If insti	tution: resi	dence before admission
FULI	NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Ma	aryland	10 10	DITEAL	
HOS	PITAL OR	ADDRESS OR LOCA	ΠΟΝΙ		C. CITT OK TO	AA LA (11 O UISIO	e corporate limits, write	TORAL O	no give township)
					Ba	altimore		San Company	00
a	2 p	altimore City	Tada		D. STREET ADD		9		
110							ltimore St.		
5. SE	X	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRT	H	9. AGE (In years lost birthday)	Months :	Doys Hours Min.
M	ale	Negro					53		
		PATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stote or foreig	n country)	12. CITIZ	EN OF
done	during most of v	voiking life, even if retired)						*****	TI COOMIKI:
13. F	ATHER'S NAM	E		1-4 - 25 - 1	14. MOTHER'S N	ALIDEN NAM	E		
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	5
		Tudana Gara							
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¥.	TA. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID	(If in Boltimore City, giv	e exoct lo	ocation)
EDIC	UNDERLYING	OR CONTRIB- SE OF DEATH.	home etc.)	, form, foctory, street, o	office bldg., INJUR	Y OCCUR?			
	OF INJURY	(Month) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OM DID INT	URY OCCUR?		
	(APPROX.)		m. V	VHILE AT NOT	WHILE				
	22. I cert	Ify that I held on I				d that on th	is basis, deoth In m	y opinlo	n
	resul	ted from: Notural car	ses X	Accident Suicid	e Hamic	ide 🗍	Undetermined manne	or 🗌	
		7	/ /		CHIEF	EDICAL EX	AMINER X		
	ACTUAL		whe	M.D	ASSISTANT M	EDICAL EX	CAMINER -		DATE SIGNED
	EXAMIN	rype/	S. Fish	er, M.D.	ASSOCIATE A	DO OF	MADVIAN	vn _	8/23/65
	BURIAL CRE	A STATE OF THE REAL PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR	1960 23	C. NAME OF CEMETERY	CREMATORY .	23 D. L	OCATION - City,	town, or	county) (Stote)
	, , , , , , , , , , , , , , , , , , ,	SEP 1		FINITION	SITV M	IFRICA	L SCHOOL		
24A	DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	Doisout	-	ADDRESS

Sort 's Garang A HOUSE JUSTS

OF INJURY

ACTUAL

23A, BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

I certify that I held an Inquiry

resulted fram: Natural causes x

238 DATE

BALTIMORE CITY HEALTH DEPARTMENT 9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) HARMON August 25, 1965 7:40 P ANN 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If ruiol, give location) South Baltimore General Hospital 312 W. Camden Street 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yi. If Under 24 Hrs. Months Doys Hours WIDO WED, DIVORCED (specify) last birthday) 70 Female White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic Heart Disease. LEADING TO DEATH DUE TO (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS (If in Boltimore City, give exoct location) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) (Month) (Day) (Year)

NOT WHILE

Autopsy

Suicide

Homicide

M.D. ASSISTANT MEDICAL EXAMINER

24C_FUNERAL_DIRECTOR

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

ond that on this basis, death in my opinion

Undetermined manner

23D LOCATION LICHY, town, or county)

DATE SIGNED

(Stote)

8/26/65

ADDRESS

WHILE AT

Accident

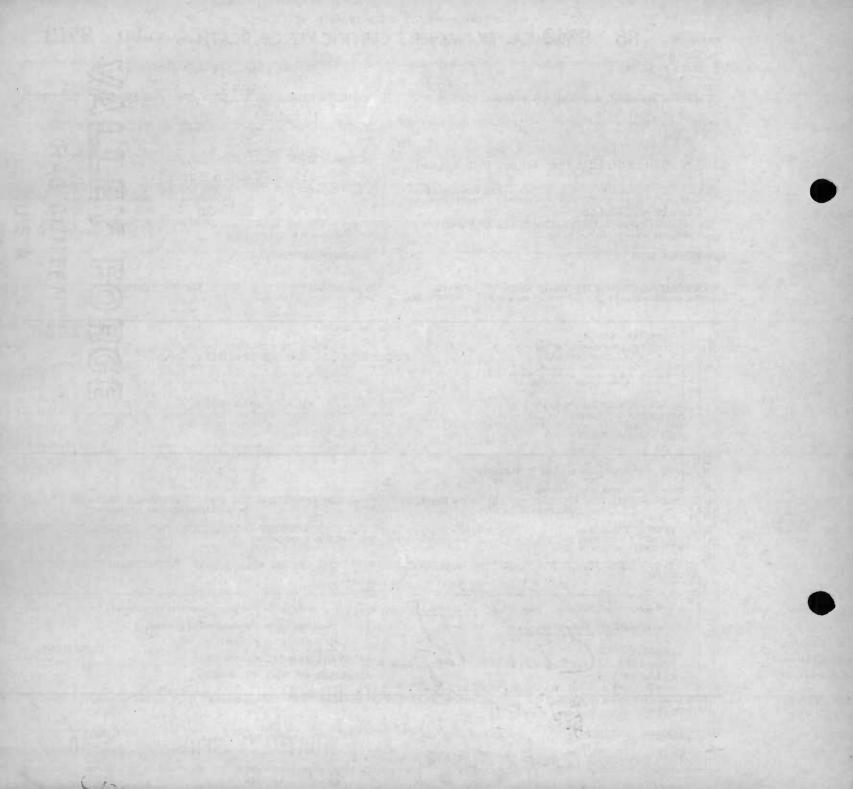
248, NAME OF REGISTRAR

Inspection X

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Charles S. Petty, M.D. TOMY DOADO

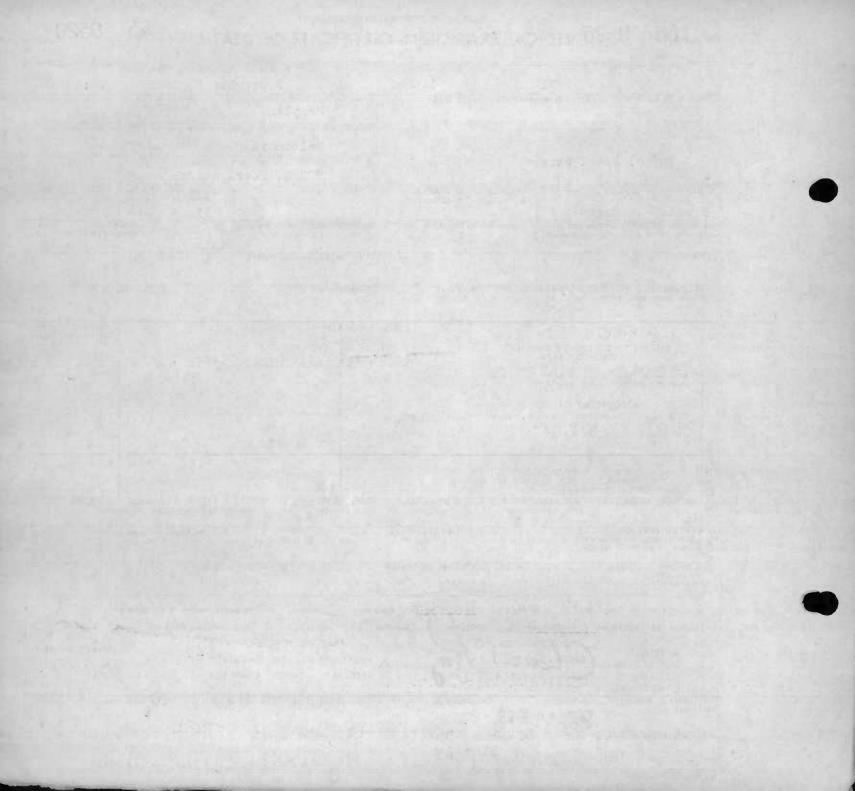
COCTESC. NAME of CEMETERY OF CREMATORY



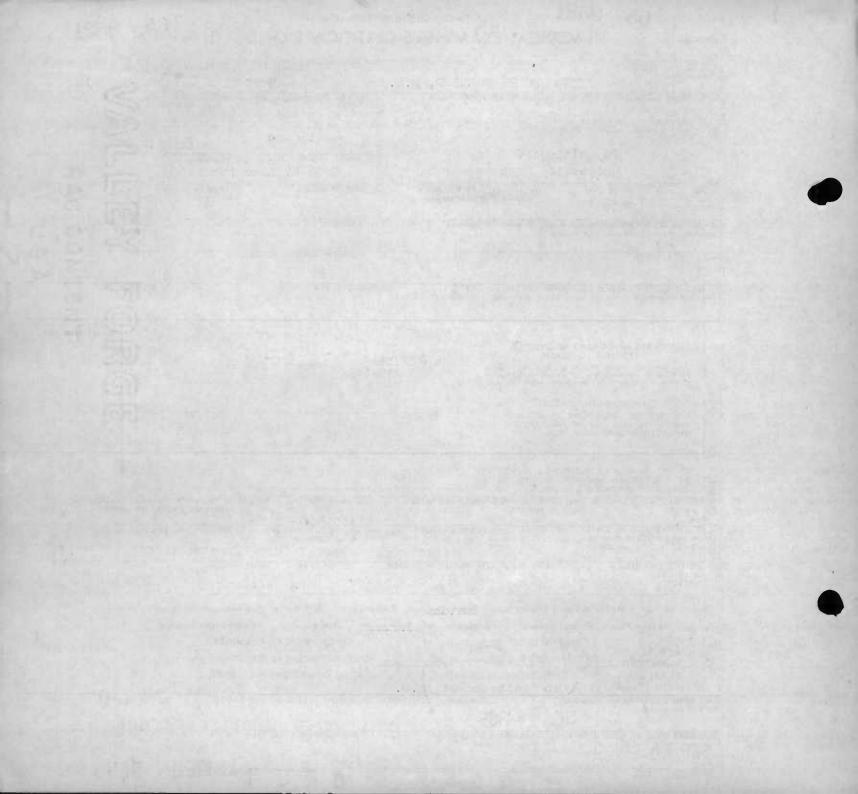
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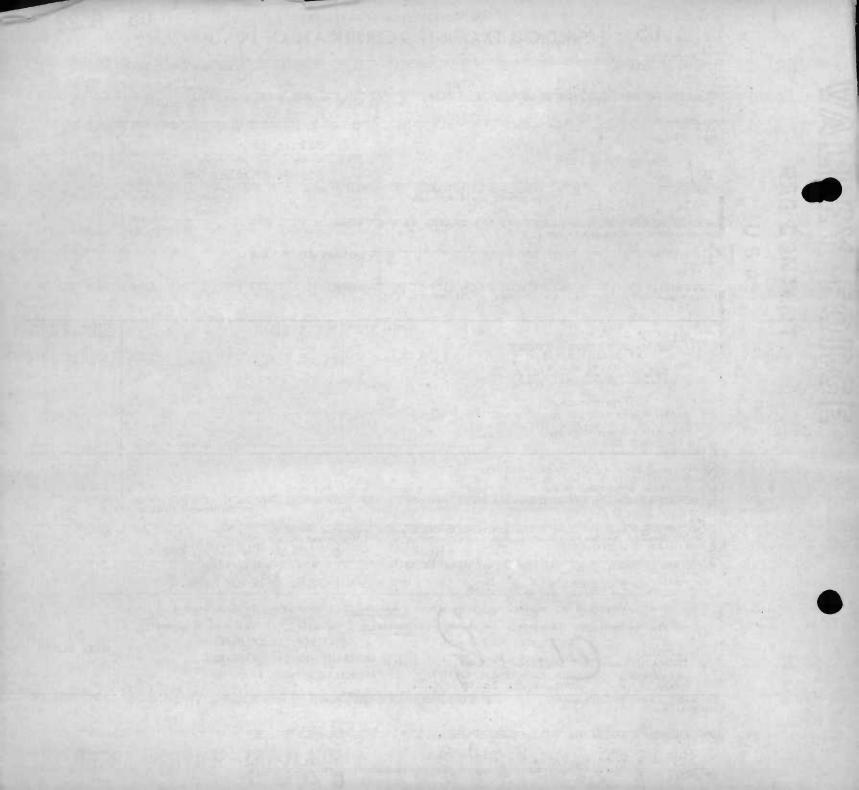
BIRT	H N 65	9520 MED		(AMINER'S C			DEATH Register	.65. 9520
M.I	CASE NO.					111111		
1. I (Ty)	NAME OF DE						D HOUR PRONOUNCE	
		KAT		LOWERY			ember 2, 196	
3. P	LACE IN BALT	TIMORE, MARYLAND, V	VHERE PRONOL	JNCED DEAD	A. STATE Mat	ryland	deceased lived. If instit	tution: residence before admissia NTY
HO	L NAME OF	ADDRESS OR LOC		JTION, GIVE STREET		VN (If outside	e corporate limits, write	RURAL ond give township)
8	302 1	N. Pearl Stre	eet		D. STREET ADDI		give locotion) arl Street	
5. S		6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTI	4	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hr. Months, Days, Hours, Min.
	emale	Negro	- TOR WIND OF	BUSINESS OR INDUSTRY	AL BIDTHE ACE	State or foreign	55	12. CITIZEN OF
		warking life, even if retired)	KIOK MND OF	BOSINESS OK INDUSTRI	III. BIRIHPLACE	state or foreig	n country)	WHAT COUNTRY?
13. 1	ATHER'S NAM	A E			14. MOTHER'S M.	AIDEN NAMI		
		D EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT		Y HISTORY	ADDRESS
	10				0. 5.			INITEDICAL DESIGNATION
	18. Af 1	0.01		CAUSE	OF DEATH			ONSET AND DEATH
В	DISEA	SE OR CONDITION D						
	(This does	LEADING TO DEATH			iosclerot	ic Hear	t Disease.	
	he ort lailure,	, asthenia, etc. It mean mplication which coused	s the disease,	DUE TO				
		ANTECENDENT CAUS		(R)				
		OR CONDITIONS, IF		DUE TO		•••••	00 70 77 600 600 600 70 70 70 77 77 77 77 77 77 77 77 77 7	
		NG CONDITION LAST.		(6)				
O				(C)				
IV	OTHER SIG	II NIFICANT CONDITIONS	CONTRIBILITIE	NG				
S	TO THE	DEATH BUT NOT RE	ELATED TO T					
STIF		R CONDITION CAUSIN		WHICH OPERATION	DOA ALITOREY	2 (Va. a. Na)	DOD IE VEC WERE EIN	IDINICS CONSIDERED
CERTIFICATION	O		RFORMED	WHICH OFERATION	No.	(Tes ar Na)	208, IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
MEDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.		PLACE OF INJURY (e.g., e, form, factory, street, c			(If in Baltimare City, giv	e exact lacation)
Σ	21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yes		TE. INJURY OCCURRED		JUNI DID WO	JRY OCCUR?	
	22.		m. V	WORK LAT W	WHILE			
		tify that I held an	Inquiry			that an thi	is basis, death in m	y apinian
	resul	ited fram: Natural co	uses X	Accident Suicid	e Hamici	de 🗌 🛮 l	Indetermined manne	r
		Ω		1)_			AMINER .	DATE SIGNED
	SIGNAT		rules)	Less M.D.	ASSISTANT M	EDICAL EX	AMINER X	
	EXAMIN		o C D		ASSOCIATE M		p.mag	9/2/65
	NAME (Type) Charle	es 5. Pe	tty, Ø.D.	***			
	BURIAL CRE		23	C. NAME OF CEMETERY	CREMATORY	23D. L	GEATION Y LACIN.	town, or county) (State)
KE/	MOVAL (Specif	" Set 70 1	061965	TIALIST TO	21/21/21/21	Did	0.011.0.01	CALL TO THE PARTY OF
24/	. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	Jac. FUNER	AL DIRECTOR	SCHOOL	ADDRESS 4
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	OLI A	0 1000 (11, 10,	IT C. VIC	LAVROTHA	100 10 11 10 11 11	IAR	JERVIE F	151 8111

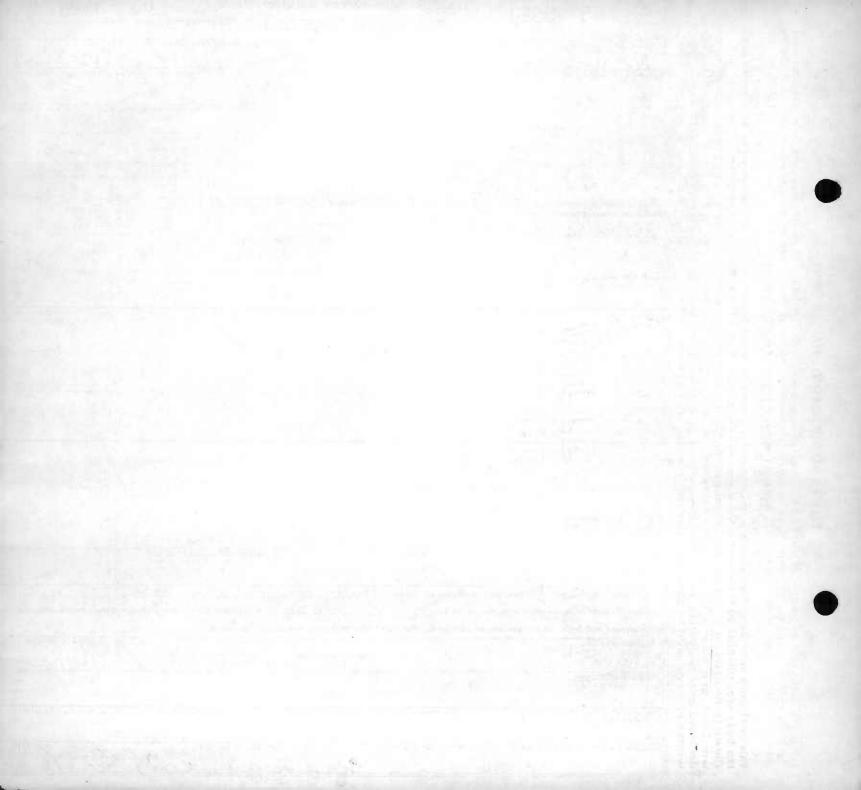


VS 151-REV. 1/1/65



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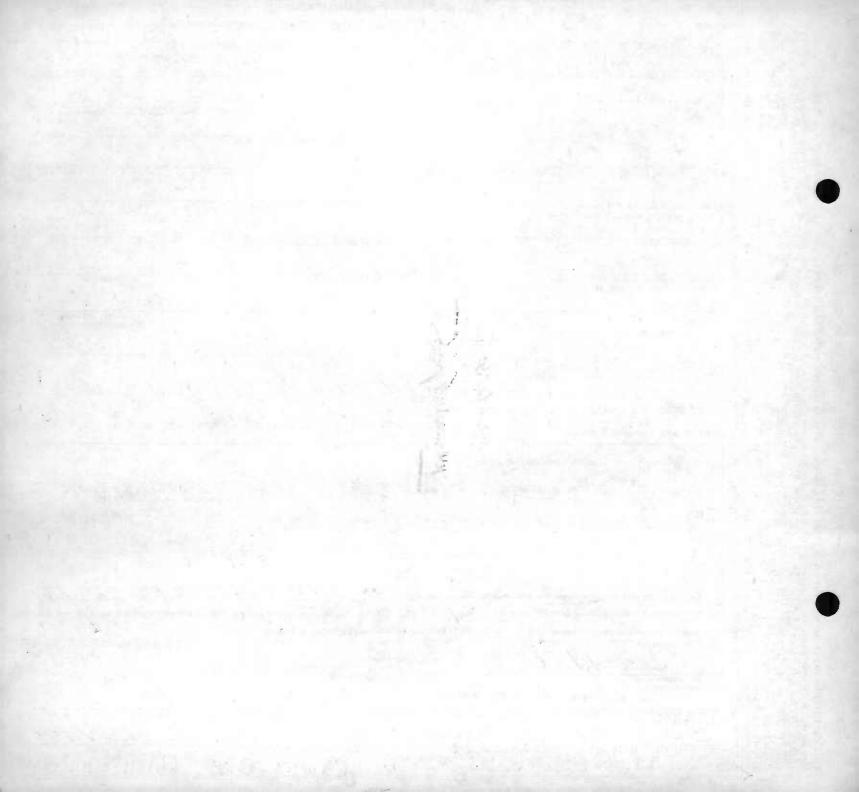
C5 C	15ウイ	HEALTH DEPARTMENT	
	CERTIFICA	TE OF DEATH Registered	No. 65 9524
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DE	FATH -
Type or Print)	- munic	9/15/1	- 112 15
PLACE OF DEATH IN BALTIMORE MARY AND	MAKIE	4. USUAL RESIDENCE (Where deceased lived	I II institution: residence before admission
		A. STATE B. COUNTY	15 00
FULL NAME OF (If not in hospital or institut	ion, give street	MARYLAND	15-05
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
1		BALTIMORE D. STREET ADDRESS (If rurol, give location	
2 MERCY HOSP., 1	NC.	D. STREET ADDRESS (If rurol, give locotion	on)
01 21-11		3024 West North Avenue	21216
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	
F W WIDO	OWED, DIVORCED (specify)	9/14/97 lost birthdoy) 6	Months Doys Hours Min
DA. USUAL OCCUPATION (Give kind of work 10 B. KINE	D OF BUSINESS OR INDUSTRY		12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
HOUSEWIFE .		MARY LAND 14. MOTHER'S MAIDEN NAME	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
VALLED P CEADALA		EMMA ROSENST	-EE!
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		
es, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	84	05 Liberty Road
No			ltimore, Md. 7
18. 13 3 9 1	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0 11	ONSE! AND DEATH
LEADING TO DEATH	(A)	Broncho Jenemonia	4/ week
(This does not mean the mode of dying, heart failure, osthenio, etc. It means the dise	e.g., DUE TO		
injury or complication which coused death.)			
ANTECEDENT CAUSES	(B) //	lassive neurois of DI h	at 6 whs.
DISEASES OR CONDITIONS, if any, give	DUE TO'	assure newsis of I to	tation
rise to the obove cause (A) stating	9	ombosis of mesentine ves	sale 6 whs.
UNDERLYING CONDITION last.	a tomatification and tomation		ни ни в во и на в во в в о о о о о о о о о о о о о о о
		Eplemal effusion + asutes &	
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	1	7
TO THE DEATH BUT NOT RELATED TO	Melastate as	deno CA (? primary)	
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, V	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
NONE		YES	VES
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID (If in Bo	Itimore City, give exact location)
DEATH (notify medical examiner)	etc.)	nee blogs, invoke Occors:	
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While		
(APPROX.) NONE	Work At Work		
22. I certify that (1) (this haspital) attended	ed the deceased fram	Left: 7, 1965 to.	Left 15 19 65
that (1) (we) last saw the deceased alive	0 0 0	19 65 and that In(my) (aur	7 /
			opinion death accorred on the o
and haur and fram the causes stated abav	e. (1)((We) (did) (did nat) v	iew the bady after death.	
23A. SIGNATURE	0 /		23 B. DATE SIGNED
Patrick F. House	M.D. Atte	ming Med. Stoll Phys.	9/15/65
23C. PHYSICIAN'S	1	23D. ADDRESS	
NAME (Type)	M.D.	no 11/	
A PURIAL CREATION IS SO		Mercy Hosp.	
4A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State
Burial 9/18/1965	New Cathedral Co	emetery Baltimore,	Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	A MODRESS -
CED 1 6 1965 0 0 6 0	Fa O. 14 8	211. 177. 6 0 1	800 months to
5 150 BEV 1/1/45	TOMERCH !	won of women	my junion per
\$ 150-REV. 1/1/65	A 400 /2		

VS 150-REV. 1/1/65

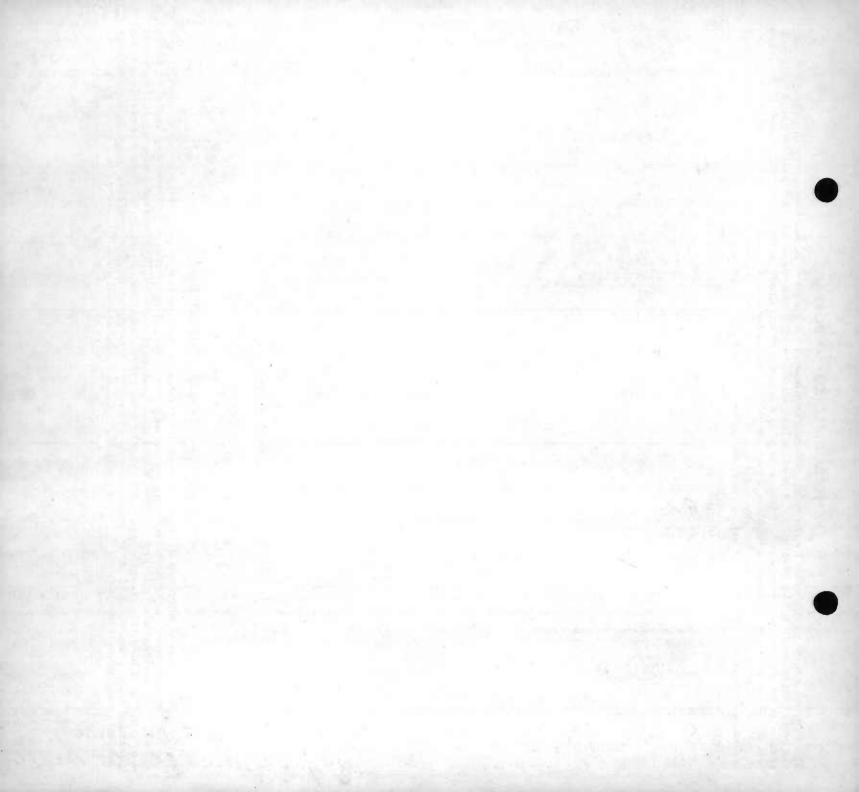
	CE OFO)	BALTIMORE CITY	HEALTH DEPARTMENT	(0500
BIRTH NO.	65 9526		CERTIFICA	TE OF DEATH	Registered Na.	65 9526
M.E. CASE NO	ECEASED			2. DATE AN	ND HOUR OF DEATH	
Type or Print)	MARION	. P.	McConns		207.1965	3:55 A.
. PLACE OF	DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Whe	re deceosed lived. If ins	titution: residence before admission
		1		A. STATE B. COUN	łTY ,	71-22
HOSPITAL O		or institution)	n, give street	MARKEND		01108
INSTITUTION				C. CITY OR TOWN (If ou		URAL ond give township)
MARY	- AND GENER	1 -194	HOSPITAL	D. STREET ADDRESS (IF	rurol, give location)	
1/8						
7 () • SEX	V nace	TT 44 4 B B 44	FP. ALCIVED AA ABBIED	5802 WILLE		
	6. RACE	WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	Fan. 29, 1894	lost birthdoy)	If Under 1 Yr. , If Under 24 Hr Months Doys Hours Min.
JETHE	MHITE	TIME	RIED	AXXXXXXXX	71	
	CUPATION (Give kind of wor of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	11			MARYLAND		U.S. A.
3. FATHER'S N	2 1 1 C C C C C C C C C C C C C C C C C			14. MOTHERS MAIDEN NA	ME	0 13. (4.)
	B. Mecon	44 - 01				
				Mourie E.	LEHRING	
es, no or unkno	sed Ever in U. S. Armed Fo	rces? es of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Mrs. Mary W.	Mc omas	(Same)
18. / <	-4 X 1		CAUSE O	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		THE PARTY OF THE P	PROGRADOU	AR 08 0-1	
	s nat meon the made of		g., DUE TO			
	re, asthenia, etc. Il meons complication which coused		se, c	ME & HO AHSE.	5	
,	ANTECEDENT CAUSES		(B)			
DISTACES			DUE TO			
	OR CONDITIONS, if the obave cause (A)					
	NG CONDITION last.	Jidning 1	(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	- 11					
OTHER SIC	SNIFICANT CONDITIONS					
	DEATH BUT NOT RELA		THE .			
19A. DATE	OF OPERATION 198. COM	DITION FO	R WHICH OPERATION	20A. AUTOPSY? IYes or No		INDINGS CONSIDERED
19A. DATE	WAS PER	FORMED		No	IN CERTIFYING CAU	SES OF DEATH?
J 21A. ACCII	DENT WAS UNDERLYING	7 2	18. PLACE OF INJURY le.g., in	or obout 21 C. WHERE DID	IIf in Boltimore	City, give exact location)
	HIBUTING CAUSE OF Lifty medical examiner		nome, form, foctory, street, of	fice bldg., INJURY OCCUR?		
21 D. TIME						
OF INJURY	(Month) (Doy) (Year)		TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
[APPROX.]			While At Not While Work At Work			
22 L corti	ify that (1) (this basaita	I) attended	t the decorated from 3 H	J., a.,	10 1 1 1 50	EDTENBER 19 65
that (1) (w	ve) last saw the decease	ed alive a	11 SEPARHER	e 19 63 and th	at in (my) (aur) apin	ian death accurred an the do
and hour	and fram the causes sta	ted abave.	(1) (We) (did) (dld nat) v	iew the bady after death.		
23A. SIGNA	TURE	_				23B, DATE SIGNED
Day	So mas	do	M.D. Atte	mding Med. Director	Stoff Phys.	9/15/65
23C. PHYSIC				23D. ADDRESS	,	111-2
NAME		MA	44:06 W		U	
	Donald	si. Da	ruck M.D.		reasear f	1971 a 104
4A. BURIAL C	REMATION, 248. DATE L (Specify)	24C.	NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (State)
Buri	26 9/18/	65.	Parkwood (em	eteru	Baltimor	e. Md.
SA. DATE REC	C'D BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
SEP		8- 9.	Farbey Mills	Loonand a	Ruch and	Balto. Md. 212
OLI		N.C.	dordon's and	Leonard J.	MUCK SILL.	Ducco , mas Z/Z/
S 150-REV. 1/	/1/65	4 (8 0 3 9		

sure of 9 variant Aconor in 8 Manuscry Courses - November 1 The west to we would not be as sould grants posts a warrage Corner out 7 3 mount canadal . 5 unt HARLING TO BUTCHISH THERE! CALDS 14 1 41 5 SELECTION IL STATE THOUSE THE SECTION OF THE PERSON PORTS Balk/2 Transport of the state of the state of

AP 076	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 95%	CERTIFICA	TE OF DEATH	Registered Na.	050
M.E. CASE NO. 1. NAME OF DECEASED	OEKTII TO		55	9527
(Type or Print) William	R. Lyles	2. DATE AND	HOUR OF DEATH	12:40 ,
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If institut	ion: residence belore admission)
FULL NAME OF (If not in hospital or institu	tion and street	1 1 1	BALTIMORE	Co.
HOSPITAL OR oddress or locotion)	orion, give sireer		le city limits, write RURA	
	11	BALTIMORE	21223) A. A 1
14 Bon Seco	urs Hospital		ol, give location)	000
54 Den		1838 W. B.	ALTIMORE	Street
	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years If	Under 1 Yr. , If Under 24 Hrs.
M Colored Wil	NEVER MARRIED	6-9-21	t birthdoyl A Mo	nths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign	country) 12	CITIZEN OF
done during most of working life, even if retired)		1/.		WHAT COUNTRY?
	employed	VIRGINIF	-)	USH
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0	
OSCAR LUIS	20	Leslie	PRUMR	
5. Was Deceased Ever in U. S. Armed Farces? (es, no or unknown) (II yes, give wor or dates of serv	16. SOCIAL	17. INFORMANT	10,0	ADDRESS
to selve wor or doles or selve	SECURITY NO.	9 Lee au	W 18380	V. Baltimae
18. 420. 11	E CAUSE O	F DEATH	1 1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1 1 1 1 1 1 1 1	A managinal	1. Man Vin	ONSET AND DEATH
LEADING TO DEATH	S S S S S S S S S S S S S S S S S S S	W MUDEWALLOV	Municipal	2 dalle
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	ease of a pure to	1 / 1 1	A. (1)	
injury ar camplication which caused death.)	10/10/1	originalin I	H Village	11/001-
ANTECEDENT CAUSES	O & WEXTEN	manuouc of	1. Disease	gewor
DISEASES OR CONDITIONS, if any, g	iving Z Z E Privi	un Andaila	unalhani.	
rise to the above cause (A) stating UNDERLYING CONDITION last.	They NO MAN Selection of the Selection o	LEGELGE WULL	of cerest	######################################
ONDERETING CONDITION 1881.	2 5 3 4	1		
OTHER SIGNIFICANT CONDITIONS CONTRIB	ILTING E 2	V		
TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Nol)	OB IF YES WEDE EIND	NGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CAUSES	
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimara City	, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	the sommer city	, And aver incount
U				
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this hospital) attended		12 13 19	65 to 500	1-15 1965
The state of the s				
that (I) (we) last sow the deceased olive	-	19 GJ ond that	In(my) (our) opinion	deoth occurred on the dot
and hour and from the couses stated about	ve. (I) (We) (did) (did not) v	iew the body ofter deoth.	1	and the same of th
23A. SIGNATURE			. /	DATE SIGNED
Deaut Indo	M.D. Atte	miding Med. Sto	off ys.	1807/5/16
23C. PHYSICIAN'S		23D. ADDRESS	,	1
JUAN F S	ORDO . M.D.	Bon Seans	to Hospit	y.
4A. BURIAL CREMATION, 24B. DATE 24	4C, NAME of CEMETERY OF CRE	MATORY 24D LOC		wn, or county) (State)
REMOVAL (Specify)	to produce	060	-00	Y/A
Inva // 17/65	January	Ja	muckle	, VA"
0 0 0 0 0 0 0 0 0 0	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 16 1965 Robert E.	talky M.E.	Charles B	100 661	W. BARRALKICE
VS 150-REV. 1/1/65	- No.			



15-060115	BALTIMORE CIT	Y HEALTH DEPARTMENT	C5	0520			
M.E. CASE NO. 65 95	28 CERTIFICA	TE OF DEATH	Registered No.	9528			
1. NAME OF DECEASED (Type or Print) Boby Boy	Riggshee	Δ.	HOUR OF DEATH	18 P.			
3. PLACE OF DEATH IN BALTIMORE, MARY ANI	0 11	4. USUAL RESIDENCE (When		itutian: residence befare admissian			
FULL NAME OF (If not in hospital ar institution) INSTITUTION INSTITUTION	tution, give street	Maryland	side city limits, write RU	RAL and give tawnship)			
diniversity tos	pital	Bothmore					
3841110613114		31/Va 1).	rural, give facation)	ve.			
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)		9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs Manths Days Haurs Min.			
IOA. USUAL OCCUPATION (Give kind al wark 108, KI	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or larei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
		Maryland		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	YE 1'	Johnson			
Paul A. Kiggst	see	Margare 7	- Och	1050m			
5. Was Deceased Ever in U. S. Armed Forces? (Yes,na arunknawn) (II yes, give war or dates of se	(vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0.11	ADDRESS			
		CHAI	T				
18.773.01	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D.	1	1	OH!			
(This does not mean the made of dying,	e.g., DUF TO	Spirston B	225/15	Z 1 NS,			
heart failure, asthenia, etc. II means the di injury or camplication which caused death,	sease,						
ANTECEDENT CAUSES	(8)						
DISEASES OR CONDITIONS, il any.	DUE TO						
rise Ia the abave cause (A) stating UNDERLYING CONDITION last,							
ONDERENING CONDITION (asi,							
OTHER SIGNIFICANT CONDITIONS CONTRII TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.							
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examiner)	218. PLACE OF INJURY (e.g., hame, larm, factory, street, etc.)	in ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare (City, give exact location)			
21D. TIME (Month) (Day) (Year) (Haur		21F. HOW DID INJU	URY OCCUR?				
(APPROX)	While At Not Whi						
22. I certify that (I) (this hospital) atter	ded the deceased from	9-13	9 65 to	7-14 19.65			
that (1) (we) lost sow the deceased aliv	e on 9-14		· ·	on deoth occurred on the dot			
and hour and from the couses stated about	ond hour ond from the couses stated obove. (1) (We) (did) (did not) view the body ofter death.						
23A. SIGNATURE				3B, DATE SIGNED			
Carle H. tranc	M.D. Att	ending Med. Director	Stall Phys.	9-14-65			
23C. PHYSICIAN'S NAME (Type)		/ In Hove it	1 Hack	istal			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY , 24D. LC	CATION (%)	tawn, ar county) (State)			
REMOVAL (Specify)	mt linkum	fremetin on	onthon HE	Altimore) ma			
25A. DATE REC'D BY HEALTH DEPT 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	allon (b	ADDRESS			
SEP 16 1965 (P.O. R. C.	Fallenson.	Jasiph L	Kers 22	222V. nout			
VS 150-REV. 1/1/65	ACAMAPA .		131	Henry mil.			

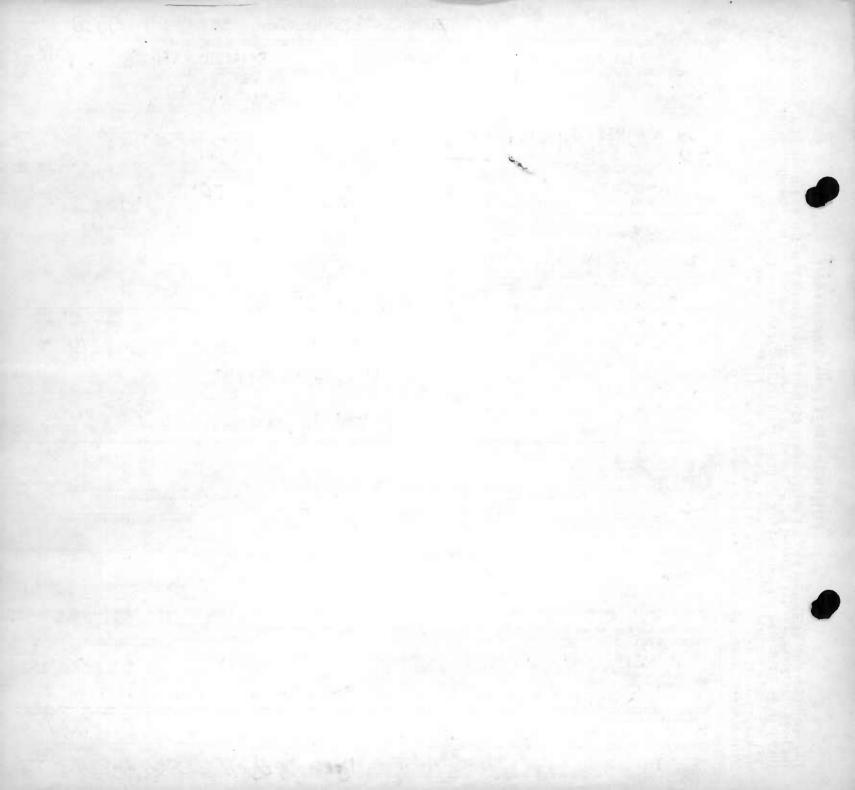


FUNERAL DIRECTOR: IMPORTANT

1. NAME OF (Type or Print)				2. DATE		
	Li	llian K.	Bavis	Set	t. 14, 1965	
3. PLACE OF	DEATH IN BALTIMORE,	MARYLAND		A. STATE B. CO	Vhere decedsed lived. If UNTY	f institution: residence b
FULL NAM		itol or institution,	, give street	Md.		(2)-1K
HOSPITAL		otion)		C. CITY OR TOWN (III		te RURAL and give tow
6 3	31.18	St. Ambro	se Ave.	D. STREET ADDRESS	(If rurol, give location)	
90	١	THINT O				
5. SEX	6. RACE	7 AA A PRIFT	D. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Ve.
Female	White		ED, DIVORCED (specify)	ABOUT 10/5/86	ABOUT 78	Months Doys H
	CCUPATION (Give kind of	work 108. KIND O		TRY 11. BIRTHPLACE (State or		12. CITIZEN OF
	st of working lile, even if retir	At H	Iome	Baltimore, Mo		WHAT COUN
13. FATHER'S	usewife NAME			14. MOTHER'S MAIDEN		
7	Pinch Mana II 1		Was a second		Unknown	
	First Name Unk		Krieger	17. INFORMANT	OTIVITOWIT	ADDRESS
Yes, no or unk	nown) (If yes, give wor or	dotes of service)	SECURITY NO.			
No			none	John Edward H	Bavis, 3418	
18.4	43XI			OF DEATH	do.	INTERVAL ONSET AI
DI	SEASE OR CONDITION LEADING TO DEA			Aurioulan	1.0.00.1	1/2
				10400	THE PARTY OF THE P	
(This do	es not meon the made	al dying, e.a.	., DUE TO		1	
heort loi	es not meon the made lure, osthenia, etc. It me	ans the diseose	DUE TO	11 , +-	AU DU	110
heort loi	es not meon the made	ans the discose sed death.)	(A)	Hypertense	n C-V Pine	are yes
heort loi injury ar	es not meon the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU	ans the discose sed death.) SES	(A) DUE TO	Hypertense	n C-V Pine	are yes
heort loil injury ar DISEASE rise la	es not meon the made lure, osthenia, etc. It me complication which cou ANTECEDENT CAU S OR CONDITIONS, the above couse to	ans the diseose sed death.) SES ilony, giving	9	Hypertense	n C-V Pisci	are yes
heort loil injury ar DISEASE rise la	es not meon the made lure, osthenia, etc. It me complication which cou ANTECEDENT CAU S OR CONDITIONS, the abave couse (YING CONDITION last.	ans the diseose sed death.) SES ilony, giving	9	Hypertene	n C-V Pine	are yes
DISEASE	es not meen the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU S OR CONDITIONS, the abave couse (YING CONDITION last.	ans the disease sed death.) SES il ony, giving A) stating the	g e (C)	Hypertene	n C-V Pine	are yes
DISEASE rise la UN DERL OTHER S TO TH DISEASE	es not meon the made lure, osthenia, etc. It me complication which cou ANTECEDENT CAU S OR CONDITIONS, the abave couse (YING CONDITION last.	ans the disease sed death,) SES il ony, giving A) stating the	G (C)	Hypertense	n C-V Pini	are yes
DISEASE rise la UN DERL OTHER S TO TH DISEASE	es not meen the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU S OR CONDITIONS, the abave couse (YING CONDITION last. I SIGNIFICANT CONDITION E DEATH BUT NOT I OR CONDITION CAUSIN E OF OPERATION 198.	ans the disease sed death.) SES if ony, giving A) stating the S CONTRIBUTING SELATED TO TIGG IT. CONDITION FOR	G (C)	Hypertense		
DISEASE rise la UNDERL OTHER S TO TH DISEASE 19A.DAT	es not meon the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU S OR CONDITIONS, the abave couse (YING CONDITION last. GIGNIFICANT CONDITION E DEATH BUT NOT I OR CONDITION CAUSING E OF OPERATION 198. CWAS	ans the discose sed death.) SES if ony, giving A) stating the second sec	NG HE WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WEI	RE FINDINGS CONSIDE CAUSES OF DEATH?
DISEASE ISE OTHER STOTE OF CONTROL OF CONTRO	es not meen the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU S OR CONDITIONS, the abave couse of the couse of	ans the disease sed death.) SES il ony, giving A) stating the S CONTRIBUTING S CONTRIBUTION S CO	G (C)NG HE WHICH OPERATION B. PLACE OF INJURY (e.g. grame, lorm, foctory, street, or the control of the		No. 20B. IF YES, WEI	
DISEASE rise to UN DERL	es not meen the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU S OR CONDITIONS, the abave couse of the couse of	ans the discose sed death.) SES if ony, giving A) stating the second sec	G (C)NG HE WHICH OPERATION B. PLACE OF INJURY (e.g. grame, lorm, foctory, street, or the control of the	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WEI	RE FINDINGS CONSIDE CAUSES OF DEATH?
DISEASE rise to UNDERL OTHER S TO TH DISEASE 19A. DAT 21A. ACC OR CON DEATH (6)	es not meen the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU S OR CONDITIONS, the abave couse of the couse of	ans the disease sed death.) SES if any, giving the selection of the sele	B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED	20A. AUTOPSY? (Yes or office bidg., INJURY OCCUR	No. 20B. IF YES, WEI	RE FINDINGS CONSIDE CAUSES OF DEATH?
DISEASE rise la UN DERL VO OTHER STO THE DISEASE 19 A. DAT OR CON' DEATH (C) 21 D. TIM	es not meon the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU S OR CONDITIONS, the abave couse (YING CONDITION last. GIGNIFICANT CONDITION CONDITION CONDITION CAUSING CAUSE OF CONDITION CAUSING CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CAUS	ans the disease sed death.) SES il ony, giving A) stating the S CONTRIBUTING S CONTRIBUTIN	NG HE WHICH OPERATION B. PLACE OF INJURY (e.g. grame, form, foctory, street, c.)	20A. AUTOPSY? (Yes or office bidg., INJURY OCCUR	Nol 208, IF YES, WEIN CERTIFYING (RE FINDINGS CONSIDE CAUSES OF DEATH?
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DISEASE rise la UNDERL OTHER S TO TH DISEASE 19A. DAT 21A. ACC OR CON' DEATH (6) OF INJUI (APPROX.	es not meen the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU S OR CONDITIONS, the abave couse (1) The abave couse (2) The abave couse (3) The abave couse (4) The abave couse (5) The abave couse (6) The abave couse (7) Th	ans the disease sed death.) SES if any, giving the sease sed death.) SES if any, giving the sease	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctory, street, c.) E. INJURY OCCURRED Visite At At Work At Work The deceased from	20A. AUTOPSY? (Yes on one of the bidg., INJURY OCCUR) 21F. HOW DID	Nol 208, IF YES, WEI IN CERTIFYING () (If in Boltin	RE FINDINGS CONSIDE CAUSES OF DEATH?
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DISEASE rise to UN DERL OTHER S TO TH DISEASE 19 A. DAT 21 A. ACC OR CON DEATH (I) (APPROX. 22. I cei that (I) ond how 23A. SIGN 23C. PHYS NAA	es not meon the made lure, osthenia, etc. It me complication which cau ANTECEDENT CAU S OR CONDITIONS, the abave couse (YING CONDITION last.) GIGNIFICANT CONDITION (EDEATH BUT NOT I OR CONDITION CAUSING E OF OPERATION 198. (WAS CONDITION CAUSING E OF OPERATION 198. (CONDITION CAUSING E OF OPERATION 198. (CONDITION CAUSING E OF OPERATION 198. (CONDITION CAUSING E OF OPERATION 199. (CONDITION CAUSING E (Month) (Doy) (YOU) TITIFY that (I) (this hosp (Was) last saw the december and fram the causes I ATURE CONDITION CONDITION (I) (This hosp (Was) last saw the december and fram the causes I ATURE CICIAN'S AE (Type)	ans the discose sed death.) SES il ony, giving A) stating the second death. S CONTRIBUTING TO THE STATE TO	WHICH OPERATION B. PLACE OF INJURY (e.g. me, foctory, street, c.) E. INJURY OCCURRED (hile At Not Work At Work) The deceased from (I) (We) (did) (did not M.D. Approximately M.D. App	20A. AUTOPSY? (Yes or office bidg., INJURY OCCUR 21F. HOW DID /hile 19 6 J and Attending Med. Director 23D. ADDRESS 2724 Smit	IN JURY OCCUR? Ithat in (my) (ow) coth. Stoff Phys.	RE FINDINGS CONSIDE CAUSES OF DEATH? nore City, give exact loss opinion death accurrence 23B, DATE SIGNED
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CITY HEALTH DEPARTMENT



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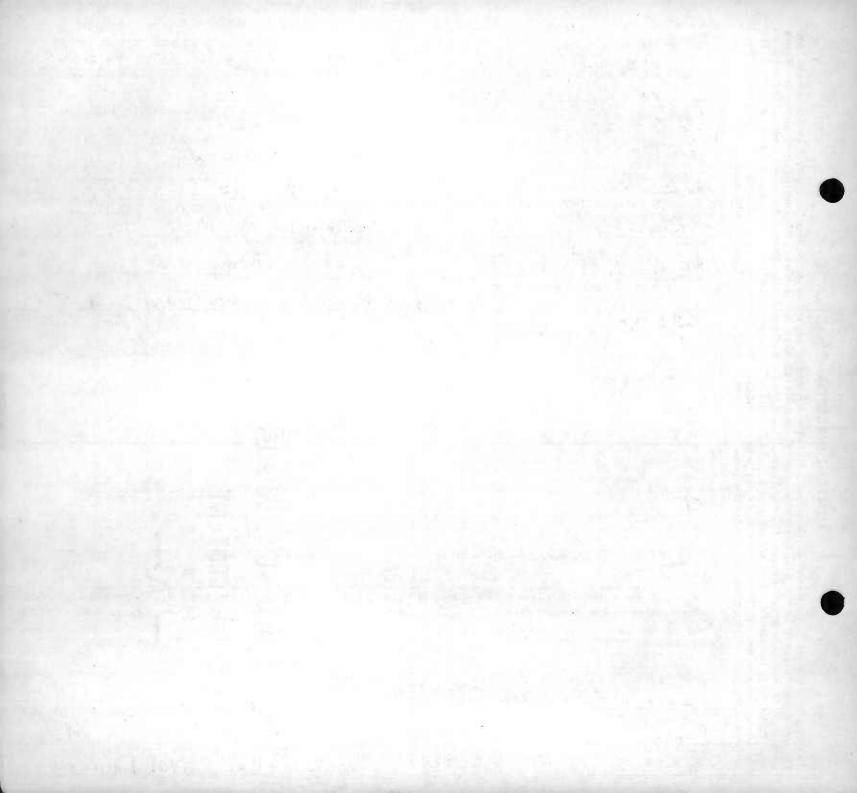
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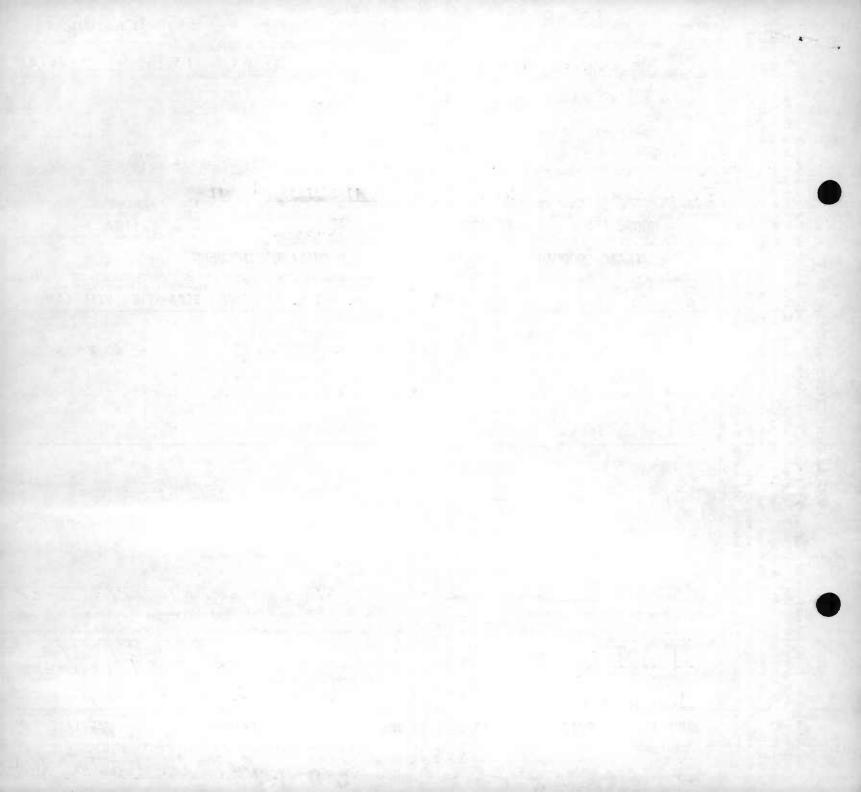
	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65	9532 CERTIFICA	TE OF DEATH	Registered No	5 9532
M.E. CASE NO. 1. NAME OF DECEASED	Ca	2. DATE AND	HOUR OF DEATH	
Type or Print) JAMES / HO!	4 PSON CG	RANT) 9/	13/1965	6,45 A
B. PLACE OF DEATH IN BALTIMORE, MARYLA	ND /	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titution: residence before odmission)
FULL NAME OF (If not in hospital or in	stitution, give street	marylas	rde 1	6-08
HOSPITAL OR oddress or location)		C. CITY OR TOWN (II outs	ide city limits, write Ri	URAL and give township)
18		Ballimo		
Lutheran Haspit	al of Marylan	D. STREET ADDRESS (If it	1 Profes	
· ·	0	604 Edgewo		
	AARRIED, NEVER MARRIED VIDQWED, DIVORCED (specify)	B. DATE OF BIRTH	. AGE (In years ost birthdoy)	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	7/4/72	73	12. CITIZEN OF
one during most of working life, even if retired)	KIND OF SOSINESS OK INDUSTRI	III. BIRTHPEACE (Store of total)	n codntry)	WHAT COUNTRY?
Ketired		WorThinglow V	A. Md.	U. S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
John W Thom	PSON	Luly Th	ompsoN	/
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
to the control of the	217-18-4725	R STANLEY	GALL Ed	2.11 51.
18. 9 / D X 1	CAUSE	OF DEATH	PC7 F 46	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY	- 10 · >		ONSET AND DEATH
LEADING TO DEATH	(A) Un	controlled De	abeter in	eleties
(This does not mean the mode at dyin heart failure, asthenia, etc. It means the	ng, e.g., DUE TO			
injury or camplication which caused dea				
ANTECEDENT CAUSES	(8) DUE TO	++++++++++++++++++++++++++++++++++++++	~~~~~ ~~~	00-70-0 m 0 0 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) state	ing the (C)		550 avect eds 2 ed era 665 bull 665 65 6566	
11				
OTHER SIGNIFICANT CONDITIONS CONT				
	10 THE			
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM				
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	ilt in Solfimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (H		21F. HOW DID INJU	IRY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (I) (this hospital) at	tended the deceased from	9/8	9 65 to 9	/13 19 65
that (1) (we) lost saw the deceased of	01/22/18		/	Ion deoth occurred on the dot
- manufacture	///		(0017 0011	non decin occurred on the der
ond hour and from the couses stated a	poove. (1) (we) (ala) (ala not)	view the body offer deoth.		23B, DATE SIGNED
0.00	M.D. At	ending Med.	Stoff -	9/12/15
23C. PHYSICIAN'S	terin Ph	23D. ADDRESS	Phys.	1/13/00
NAME (Type)		G TT	, —	0 h 0 1
INIA C. ESPI	WA M.D.	Lucheran H.	equial	of Manyland
24A. BURIAL CREMATION. 24B. DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D. LO	CATION (City	town, or county) (Stote)
BuriAL 9-16-65	MT. Hubur	N BA	140.	Md
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 17 1965 Robert 8	Starley M.D	MORTON + U	yeTT 170	1. LAUrens
VS 150-REV, 1/1/65	7 5 5 0	0 8 6 6 6		



IMPORTANT

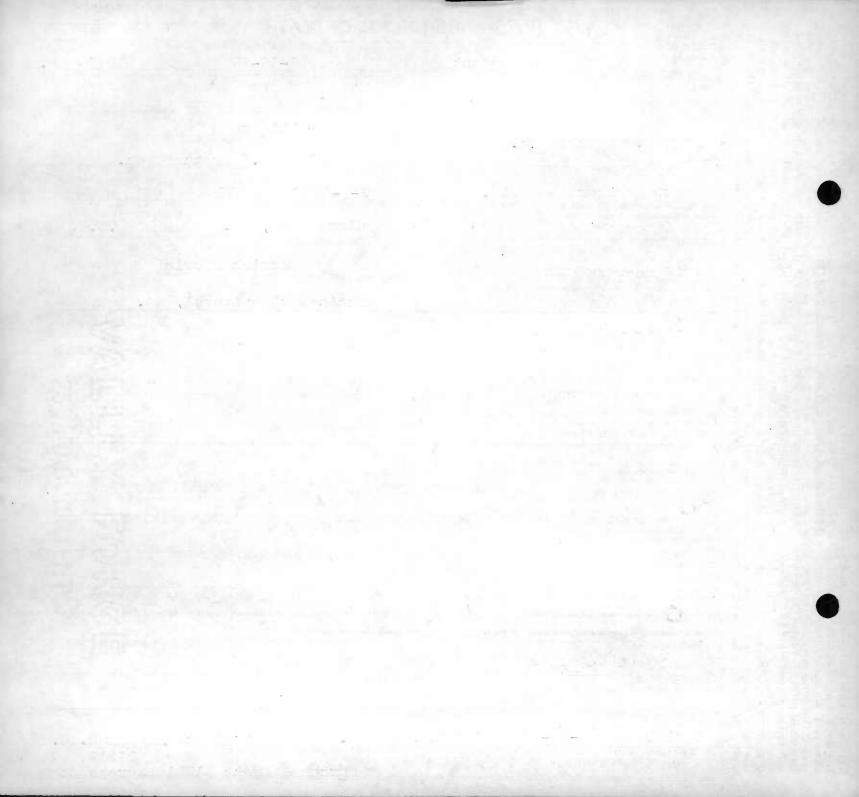
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



TIMORE CITY HEALTH DEPARTMENT

The second of rest albert The English



	TH NO.	MED	ICAL EX	AMINER'S C	ERTIFICA	I E OF	DEATH Register	red No.	
٦.	E CASE NO.	EASED				2. DATE AN	ID HOUR PRONOUNCE	ED DEAD	
(Ту	pe or Print)		LIAM S.	FROST			otember 12,		
3.	PLACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission A. STATE Maryland				
HC	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
1	0	2516 Harfo	ord Road		D. STREET ADDRESS (If rurol, give location) 2516 Harford Road				
5.	Male	6.RACE White		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	Н	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
2 0b	ripping most of w	(Lerk-Ret.		X-Ray Co.	Southam	oton, E	ngland	12. CITIZEN OF	
13.	FATHER'S NAM				14. MOTHER'S M				
18		S Henry From		127 00 01 01		lice The	omas	ADDRESS	
(Ye	s no or unknown)	Of yes, give wor or dole	s of service)	21 280 086	Family Re	edords		ADDRESS	
CERTIFICATION	A DISEASES (RISE TO THE UN DERLYIN		dying e.g., the disease, death.) S NY, GIVING TATING THE CONTRIBUTIN LATED TO TI S IT. DITION FOR V	(B) DUE TO (C)			t disease		
	21 A. EXTERNAL	WAS PER		PLACE OF INJURY (e.g.,	No		(If in Boltimore City, give		
MEDICAL	UNDERLYING UTING CAU	OR CONTRIB-	home,	form, factory, street,	office bidg., INJUR	OCCUR?	th in basilmore City, giv	ve exact laconomy	
Σ	OF INJURY (APPROX.)	(Month) (Doy) (Yeo	W	HILE AT NOT AT W	WHILE	INI DID WO	URY OCCUR?		
		URE Russ	ell o	Suicident Suicid	e Hamici	de EDICAL EX EDICAL EX			
RE	MOVAL (Specify	MATION, 238. DATE		Fisher, M.D. NAME OF CEMETERY OF Prospect Hi				town, or county) (State)	
24	SEP 17	BY HEALTH DEPT. 1965 R. Que	248 NAME	OF REGISTRAR	Z4C. FUNER		owson, Maryl Sons, Towson		
VS	151-REV. 1/1/		orc, va	1 C B	001	1 11	1	1/	

Service Clark-Per Profes .- Sup (a) Successors (n) Long Land Land Common Common

Russell Strated

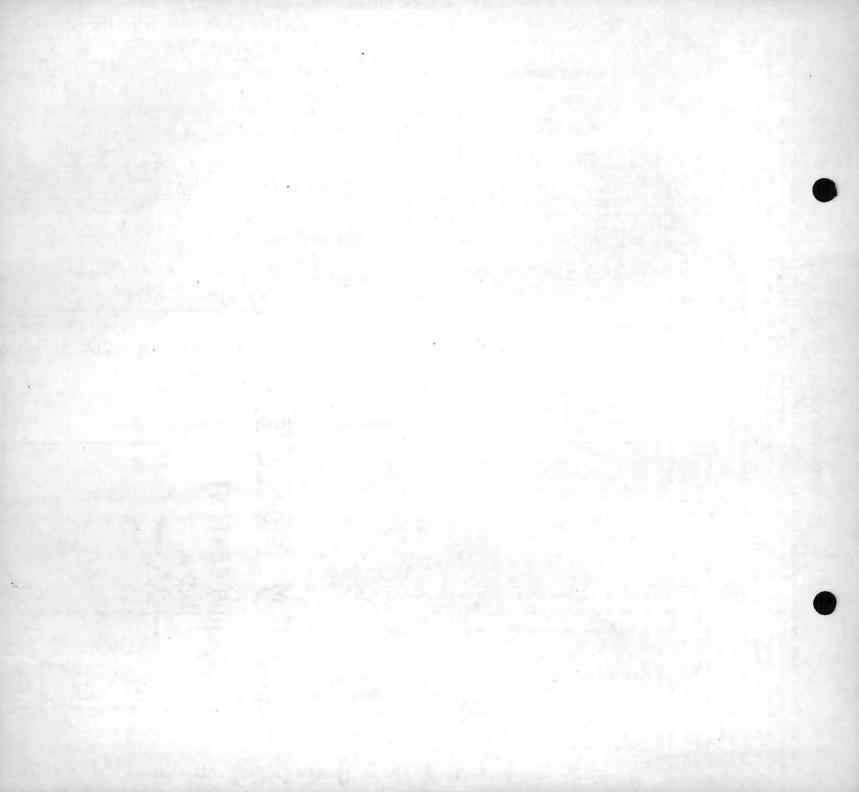
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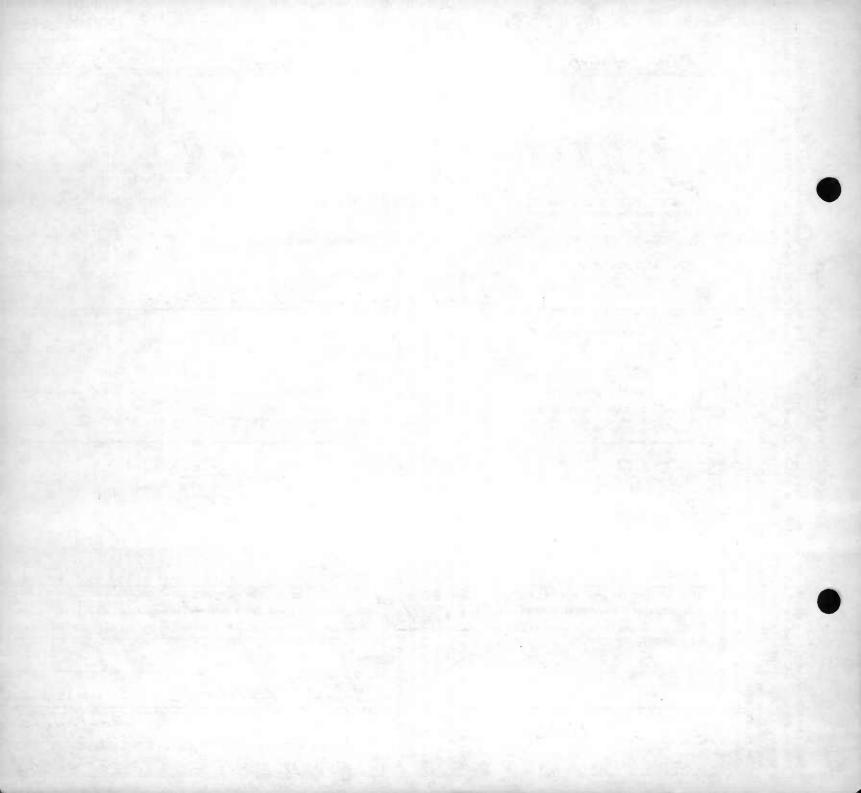
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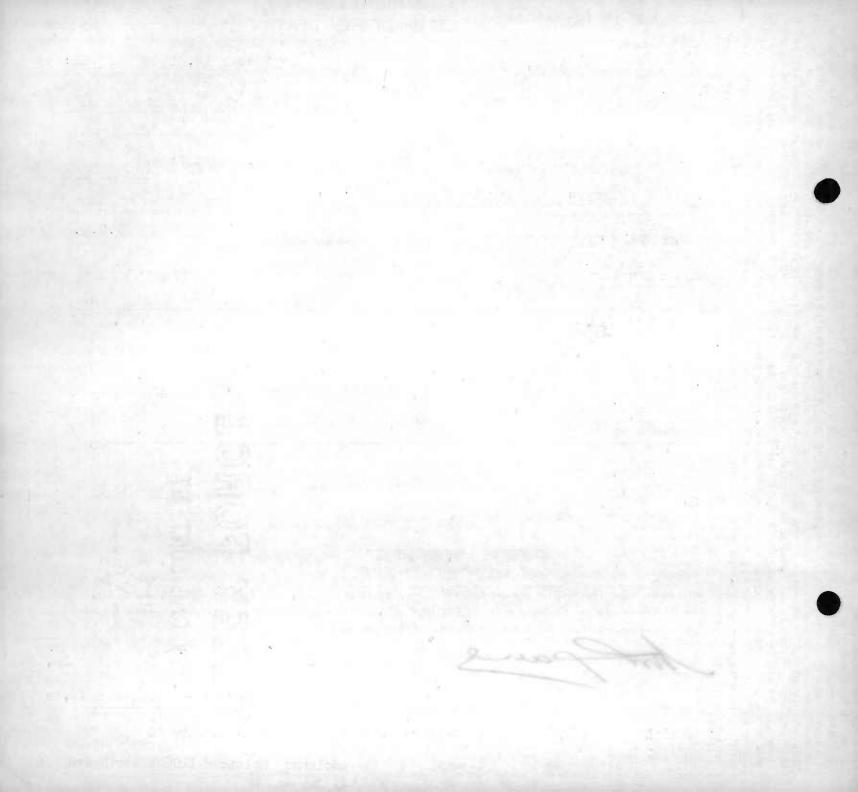
The Mil Deep C 9-12-16 Thronice Person Church How Hoog. 24 345 / PT. 15 Marriel H. Wafe though tearing Derlande Janast Chart First Polemin Josephine a special and congress of Arani john haran Charact How Horfully

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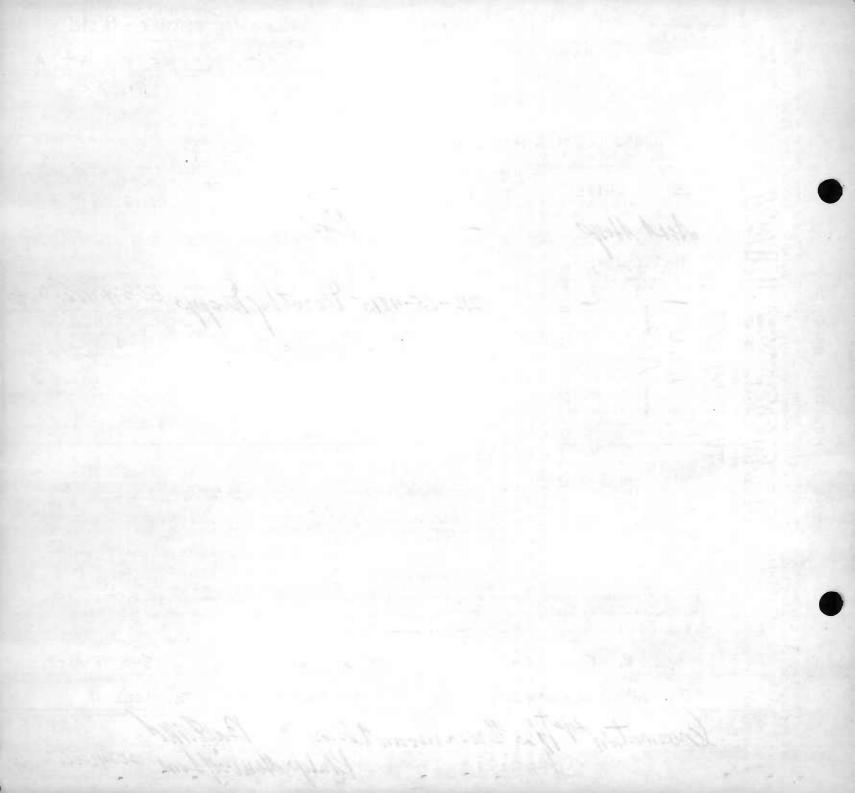


BIRTH NO. MEDI	ICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.		SERVINION VIE OF BENTIFICA
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
BERNICE	MAZYCK	September 14, 1965 12:55 P M
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Provident Hospit	al	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	1816 Bolton Street 18. DATE OF BIRTH 9. AGE (In yeors 11 Under 1 Yr, 11 Under 24 Hr
female negro	Marriad Marriad	1/29/44 lost birthdoys Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Domestic	TOB. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
William Green ,	Sr	Hester Cooper
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or dote	s of service) SECURITY NO.	Mr William Green, Jr 107 E End St, S. C
LEADING TO DEATH (This does not mean the mode of heart failure, ostheria, etc. It means injury or complication which caused of the means injury or complication which caused of the means	dying e.g., the disease, deoth.) S NY, GIVING ATING THE (C)	tiple traumatic injuries
19A. DATE OF OPERATION 19B. CON WAS PERI		20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
21A, EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB-	home home	in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) office bidg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeori (APPROX.) 9 14 6		T WHILE [X] Allegedly fell out of window
22. I certify that I held on Ir	nquiry Inspection A	autapsyXX ond that on this basis, death in my apintan
ACTUAL	1.7	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE RUDING	er Breitenecker, M.	D. ASSISTANT MEDICAL EXAMINER X D. ASSOCIATE MEDICAL EXAMINER September 14, 1965
NAME (Type) 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY	Y or CREMATORY 23D. LOCATION (City, town, or county) (State)
Burial 9/18/	/65 Mullins	South Carolina
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
		Adolphus Halstead 1206 W North Ave



	65	9542			BALTIMORE CITY HEAL	TH DEPARTMEN	T			
BIRTI	H NO.	001	MEDI	CAL EX	AMINER'S CI	ERTIFICAT	E OF	DEATH Registe	red No.5 95	42
M.E.	CASE NO.									
1. N	AME OF DECE	EASED					2. DATE AN	D HOUR PRONOUNCE	ED DEAD	
, p	c 01 · 111117		WILLI	AM M.	HARRIS			9/16/	65 17:35	a. M.
3. PL	ACE IN BALTI	MORE MARY	LAND, WH	ERE PRONOL	JNCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If insti	tution: residence befor	e admission)
		#F NOT !!			TON OUR STREET		aryland			
HOS	NAME OF	ADDRESS	OR LOCA	HON)	JTON, GIVE STREET	C. CITY OR TOV	VN (If outsid	e corporote limits, drite	RURAL ond give tov	vnship)
IN 21	TUTION						Baltim	ore	1703	
	18					D. STREET ADDI	RESS (If rurol,	give location)		
6	/ Mar	yland G	enera	l Hospi	tal		417 W.	Biddle St.		
5. SI	EX 6	S. RACE		7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTI	4	9. AGE (In years	Months, Doys, Ho	
	male	colore	d	WIDOWED,	DIVORCED (specify)	6/19/00)	los birthdoyl	1410111115 207 5 1 110	141114
10A.	USUAL OCCU	PATION (Give I	ind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE	state or foreig	gn country)	12. CITIZEN OF	
done	Labore	orking life, even	if retired)			Portmou	th Va		WHATSCOUNT	KY?
	ATHER'S NAME					14. MOTHER'S M	AIDEN NAM	E		
						Catheri				
15 14	VAS DECEASED	EVED IN 11	ADALES	FORCES?	16. SO CIAL	17. INFORMANT	716		ADDRESS	
	no or unknown)				SECURITY NO.		TF	a una W p	iddle St	
	Marie Control				137-14-5016	Mrs Lola	Harr	IS 41/" D	Tuute or	
	18.	1.			CAUSE	OF DEATH				ND DEATH
		E OR COND	ITION DIE	ECTIV					011321	NO DEATH
	מושבת	LEADING TO		ECILI	(A) Arteri	osclerotic	c cardi	ovascular di	sease	
	(This does no	of meon the	mode of	dying, e.g.,	DUE TO					
	injury or com	osthenio, etc. plicotion which	h coused o	leoth.)					347 - 346	
	ΔΙ	NTECENDEN	T CAUSE	s						
		OR CONDITIO			(B)					
		G CONDITIO		ATING THE						
z	OH DUNCTION	0 001121110			, (C)					
은		li li								
V		IFICANT CON			PLIF					
ERTIFICATION		CONDITION			Br	onchopneu	nonia			****************
ER	19A. DATE OF	OPERATION			WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20 B. IF YES, WERE FI		D
O	2		WAS PER			yes		yes		
MEDICAL	21 A. EXTERNAL UNDERLYING	CAUSE WAS	Š	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. V	VHERE DID	(If in Boltimore City, gi	ve exoct locotion)	
음	UTING CAUS			etc.)	e, tonn, toctory, sineel, t	onice orage, ii43 OK	OCCOR:			
Σ	21D TIME	(Month) (D	oy) (Yeor	(Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?		
	OF INJURY (APPROX.)	(Matorial)	oy, treon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		WHILE				
			10.7	m. \	WORK AT W	ORK				
	22.	ify that I he	ld an Ir	nquiry 🗌	Inspection Au	topsy an	d that on th	is basis, death in r	ny opinion	
		red fram: No			Accident Suicid		de	Undetermined mann	er	
	163011	-	TOTAL CO.	363 (4)				XAMINER		
	ACTUAL				6-10			_	DATE	SIGNED
	SIGNATI		you	· N.	M.D	ASSISTANT M	EDICAL E	XAMINER &		
	EXAMIN				1. 3	ASSOCIATE M	EDICAL E	XAMINER	9/16/65	
	NAME (T	MATION, 238	ner II	Spitz	M. D.	OF CREMATORY	23D. I	LOCATION (City	, town, or county)	(Stote)
KEA	AOVAL (Specify)		17011	-	MA Calvann	Cometaur	A	A County	Md	
244	Burial DATE REC'D	BY HEALTH	PEPT.	24B, NAME	Mt Calvary OF REGISTRAR	24C. FUNER	AL DIRECTO		ADDRESS	
				0 00	8				W North Ave	b
	SEP 1	7 1965	P.D.	A & S	Calrey Moll	Adolp	nus na.	1stead 1206	11 MOT OIL WAS	
VS	151-REV. 1/1/6	55		1 0	45111	OAF)		

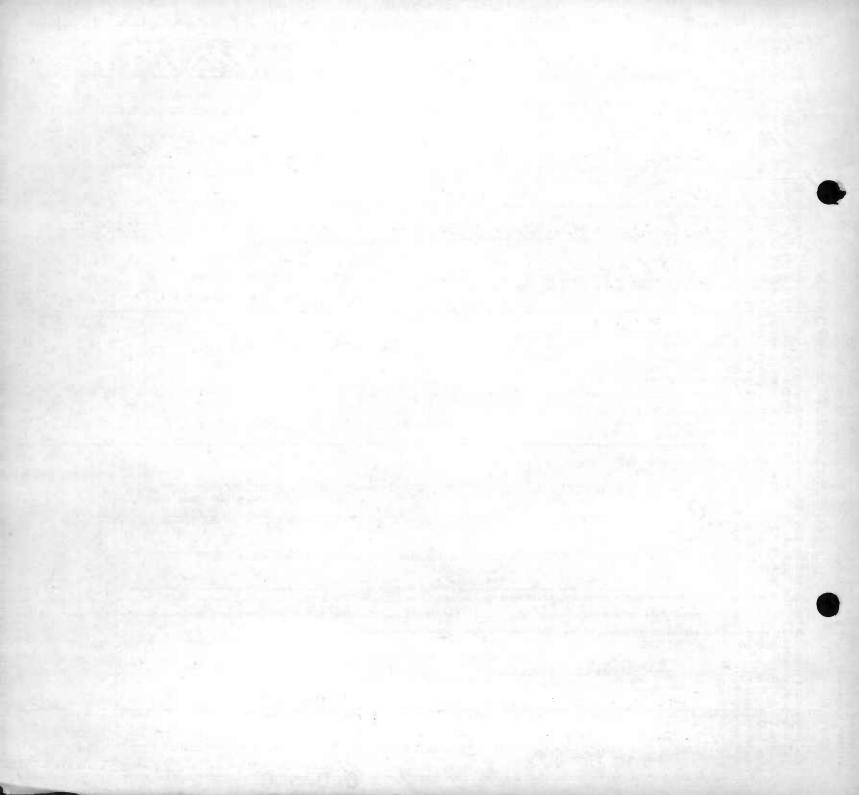
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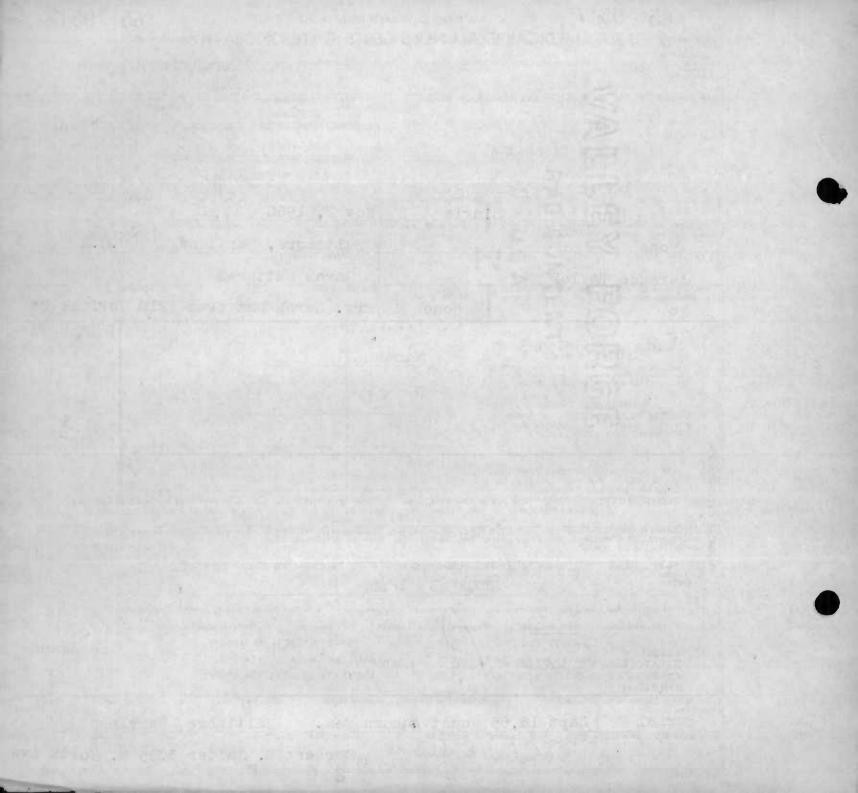
4000		BALTIMORE CIT	Y HEALTH DEPARTMENT	CE OFAE
IRTH NO.	65 954	5 CERTIFICA	ATE OF DEATH Re	gistered No. 65 9545
A.E. CASE NO.	FASED		2. DATE AND HOL	ID OF DEATH
Type or Print)		SIE LEE	9-8	
PLACE OF DEA	TH IN BALTIMORE, MAR	ILAND	A STATE R. COUNTY	sed lived. If institution: residence before admission)
FULL NAME O	F (If not in hospital or oddress or location)	institution, give street	MARYLAND	y limits, write RURAL and give township)
INSTITUTION			BALTIMORE	y minis, wife RORAL old give lownship
THE JO	HOPKINS	HOSPITAL	1000	ve location)
SEX	6. RACE 7	. MARRIED, NEVER MARRIED	1926 N. AISQ	(In years If Under 1 Yr., If Under 24 Hrs.
FEMALE	COLORED	WIDOWED DIVORCED (specily)	IED 8-14-14 lost birt	Month's Doys Hours Min.
	JPATION (Give kind of work) working life, even it settred)	OB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPEACE (Stote or foreign cour	12. CITIZEN OF WHAT COUNTRY?
Trou	co Wille		Daltemore	
FATHER'S NA	/		14. MOTHER'S MAIDEN NAME	
ADOLPH			WILLIE ANN	BURNETT
es, no or unknown	Ever in U. S. Armed Force (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Toppetal.	record,
18. 4 4	/X		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRE LEADING TO DEATH		EMIA	imonrit
(This does	at mean the made of	dying, e.g., DUE TO		o
	asthenia, etc. II means to optication which coused to	he disease,		
		(B) MA	LIGHTANT HYPER	TENSION 6 MONTHS
	ANTECEDENT CAUSES	DUE TO		
	OR CONDITIONS, if a	ny, giving		
	a abave cause (A) : CONDITION last.	stoting the (C)		
	II			
OTHER SIGNI	FICANT CONDITIONS CO EATH BUT NOT RELAT CONDITION CAUSING IT.	ED TO THE	FaiLURE	
		ITION FOR WHICH OPERATION		IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING THE	home, form, factory, street,	in a about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
) [medical examines	etc.)		
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED While At Not WI	21F. HOW DID INJURY O	CCUR?
		Work L At Wor		
		attended the deceased from 11.	15	
		allve an SEPE.8		ny) (ow) apinlan death accurred on the dat
23A, SIGNATU		d abave. (1) (We) (did) (did no t)	view the bady after death.	238 DATE SIGNED
-	W.11/4		ttending Med. Stoff	0 4 1-
23C. PHYSICIA	Michielas / ()	return Pi	lys. Director Phys.	7.8.63
NAME (T	NICHOLAS	J. FORTUIN M.		leine Hennik-1
4A. BURIAL COF	MATION, 248. DATE	24C. NAME OF CEMETERY OF C		kins Hospital (City, town, or county) (Stote)
REMOVAL	Specify) 9=13-1	s Ball M	Temal Em Od	(City, town, or county) (Stote)
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	PADORESS +
SEP	2004	el C. Tarberton	Mayner Dan	lero 2176- Treston S
'S 150-REV. 1/1/	65		11 0 0 7	

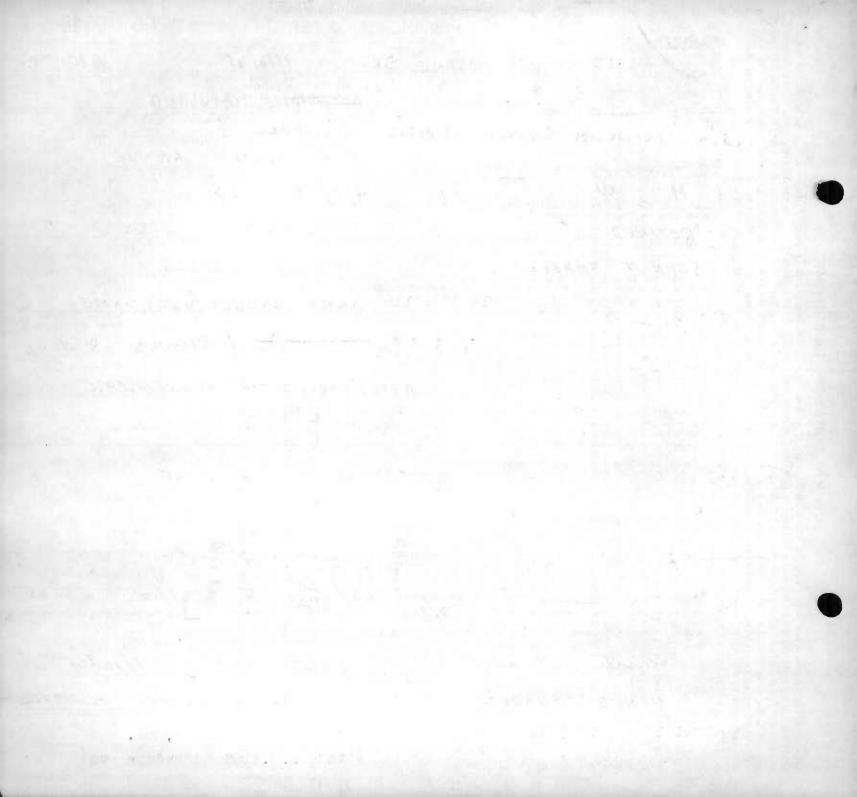
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BALTIMORE CITY HEALTH DEPARTMENT

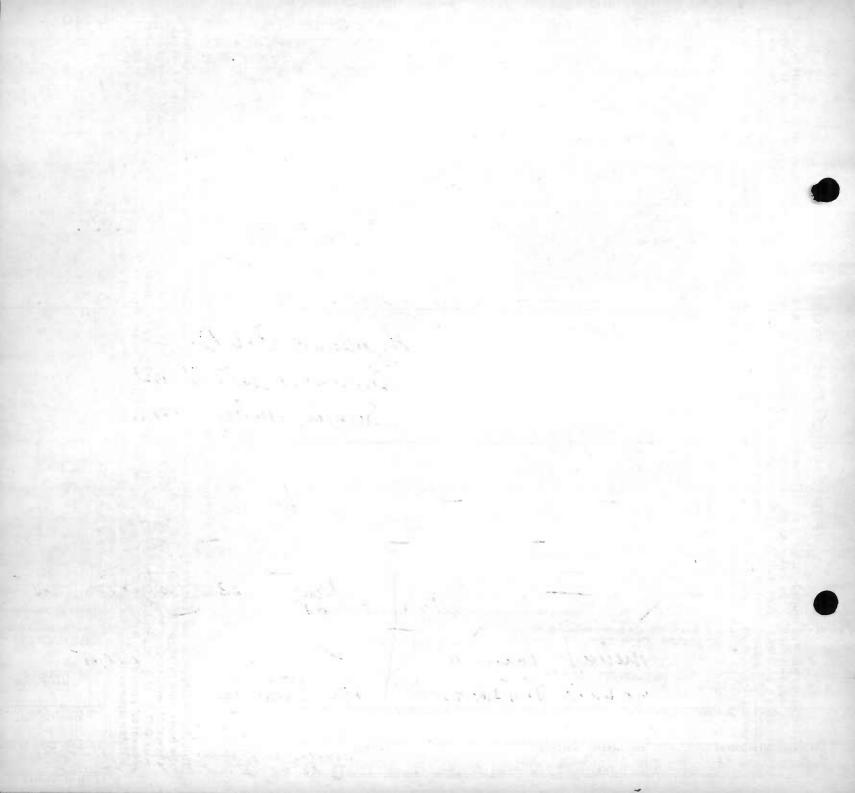


65	95,47	8	SALTIMORE CITY HEAL	TH DEPARTMEN	T	65 9547
BIRTH NO. 60 -	32768 MEDI	CAL EX	AMINER'S CH	ERTIFICAT	E OF DEATH Regist	ered Na.
M.E. CASE NO.						
1. NAME OF DE	CEASED				2. DATE AND HOUR PRONOUNC	CED DEAD
trype or ring		HEWS			12 September 196	
	TIMORE, MARYLAND, W			4. USUAL RESIDE	NCE (Where deceosed lived. If ins	stitution: residence before odmissi
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW	/N (If outside corporate limits, write	e RURAL ond give township)
NOITUTION	University H	lospital		Balt	timore	72.57
X		roopzouz		D. STREET ADDR	ESS (If rurol, give location)	
				2218	8 Norfolk St.	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
female	negro		ngle	Nov 2,		
	UPATION (Give kind of work working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
None				Baltime	ore, Maryland	WHAT COUNTRY? U.S.A
IS. FATHER'S NAM	ΛE					
Clarer	ce Taylor				Matthews	
(Yes, no or unknown	o) (If yes, give wor or dote	s of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			None	Mrs. Sa	rah Matthews 2	518 Nortolk 2.
18. 4 9	3 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY				OHSET AND BEAT
(This does	LEADING TO DEATH		(A) Pneumo	nia	**************************************	
heart failure	, osthenio, etc. It meons	the disease,	DUE TO			
						All of the second
	OR CONDITIONS, IF A		(B)			
RISE TO TH	TE ABOVE CAUSE (A) ST	ATING THE	DUE TO			
	NG CONDITION LAST.		(C)			
2	11					
P TO THE	NIFICANT CONDITIONS DEATH BUT NOT REPORT CONDITION CAUSING	ATED TO TE				***************************************
19A. DATE OF	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208, IF YES, WERE F	
0		OKMED		yes	IN CERTIFYING CAU	yes yes
	CAUSE WAS	home	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. W	HERE DID (If in Boltimore City, g	give exact location)
	JSE OF DEATH.	etc.)				
21D TIME OF INJURY	(Month) (Doy) (Year) (Hour) 2	E. INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR?	
(APPROX.)		m. W	HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE D		
22.	tify that I held an I				that an this basis, death in	my aplaiga
resu	Ited fram: Natural car	JSes X A	coldent Sulcide			ier [_]
ACTUA	1 0/	. (/		EDICAL EXAMINER	DATE SIGNED
SIGNAT		eles)	Cly M.D.		EDICAL EXAMINER	9/12/65
EXAMIN NAME (0	ASSOCIATE ME	EDICAL EXAMINER	9/12/03
23A. BURIAL CRE	MATION, 23B. DATE	230	C. NAME of CEMETERY .	CREMATORY	23D. LOCATION (City	, town, or county) (Stote)
REMOVAL (Special Buria		16.65	Mount Aubu	rn Cem.	Raltimore	Marriand
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	Baltimore,	ADDRESS
	SEP 17 1965	Robert	E. FarberM.A		rt E. Nutter 3	
VS 151-REV. 1/1.	/65	1	6 5 0	0 8 0	6	





BALTIMORE CITY HEALTH DEPARTMENT



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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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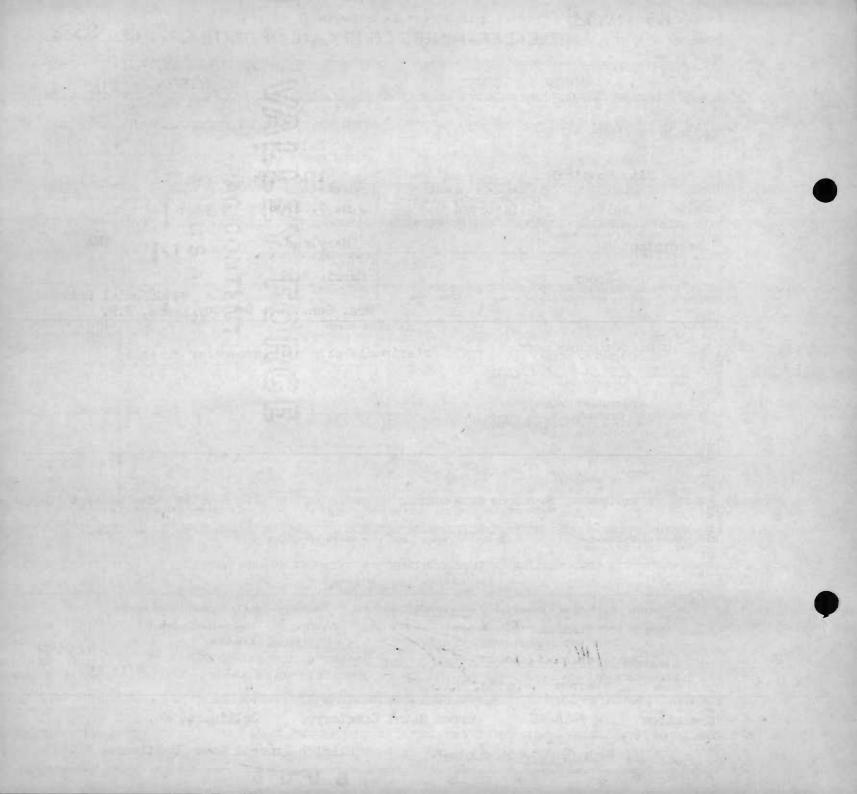
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Section 41

BIRTH NO,	WEDI	CAL EX	CAMINER'S CI	ERTIFICA	VIE OF	DEATH Register	red No/	UUUK	<u> </u>
M.E. CASE NO.									
1. NAME OF DI (Type or Print)	2. Date and hour pronounced dead 9/15/65 8:15 p. M.								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					aryland	deceosed lived. If insti	tution: reside	-	dmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR T	OWN (If outsic	de corporote limits, write	RURAL ond	give townsh	ip)	
				Baltimore D. STREET ADDRESS (If rurol, give locoson)					
C	City Hospitals			1	616 Rick	enbacker Rd.			
s. sex male	6. RACE	June 7	RTH	9. AGE (In years lost birthdoy) 57	If Under 1 Months D	Yr. If Under	24 Hrs. Min.		
	CUPATION (Give kind of work f working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC		gn country)	12. CITIZEN WHAT	OF COUNTRY?	
13. FATHER'S NA					MAIDEN NAM	IE.	1		
	Sener			Carrie	Beck				
	SED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMAN		04.0	ADDRESS	l Drive	
(Yes, no or unknow	(If yes, give wor or date	s of service)	SECURITY NO.	Mrs. Co	nstance	DeLancy, Keen			3
DISEASES RISE TO TUNDERLY	re, ostherio, etc. It meons complication which coused in the course of t	S NY, GIVING 'ATING THE CONTRIBUTING ATED TO T	(B) DUE TO (C)						
19A. DATE C	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOP	SY? (Yes or No)	208. IF YES, WERE FIN			
UNDERLYING UTING CA	AL CAUSE WAS GOR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	ffice bldg., INJU	WHERE DID	(If in Boltimore City, giv	ve exoct loca	otion)	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	v	VHILE AT NOT WORK	WHILE	HOW DID INJ	URY OCCUR?			
rest		4977	accident Dicid	e Homi	cide MEDICAL E			DATE SIG	SNED
	TURE Werner (Type)	J. Spits			MEDICAL E		9/16	165	
23A. BURIAL CR REMOVAL (Spec Cremation	REMATION, 238 DATE	23	Green Mount			Baltimore, Mo	town, or con	unty) (Stote)
	17 1965 R.C.		of registrar		ch Funer		Ltimore	DRESS Md.	311
VS 151-REV. 1/			4 6 0 0	001	166)			



IMPORTAN

FUNERAL DIRECTOR:

Frankland , Balltoness BALTIMERE Charot Home and Herrital 100 M. Decken Avenue 5-18-E 1000 4000 diam'r. Charles Gowers PLITARO TA CENTRA CARCINE MA TO SIT CARCINGHA OF PANCACUS 5.55 South a Morandam fames of executed Obered man + My all

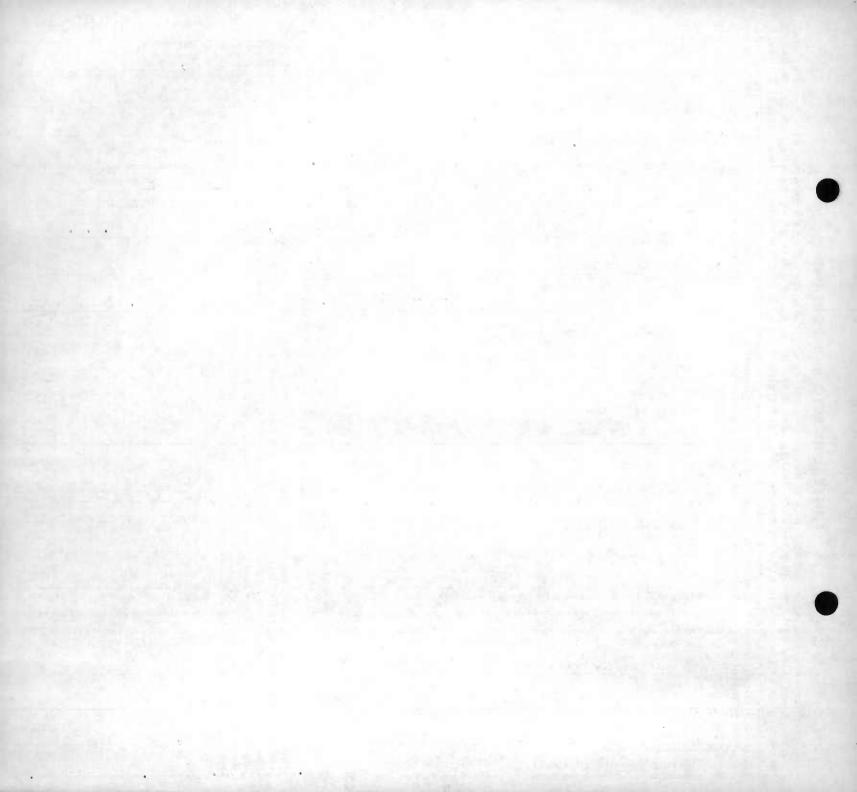
BALTIMORE CITY HEAI

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

TH DEPARTMENT			
OF DEATH	Registered Na	65 955	4
2. DATE AN	D HOUR OF DEATH	1	O
SUAL RESIDENCE (Who	ember 14, 19	765	PM.
Septional Residence (When ATE B. COUN Maryland	TY TY	- A	aamissian)
ITY OR TOWN (If out	side city limits, write RL	IRAL and give township)
Baltimore TREET ADDRESS (IF	rurol, give location)		
18 E. 41st. TE OF BIRTH 15/1909 RTHPLACE (Stote or force)	9. AGE (In years lost birthday)	If Under 1 Yr. If Un Months Days Hours	der 24 Hrs. Min.
		12. CITIZEN OF WHAT COUNTRY?	
Baltimore, 1	Maryland	U.S.A.	
Elizabeth	Concannon		
		ADDRESS	
Mrs. Kathryn	Buchter 978	6.47st St	reet
ТH		ONSET AND	DEATH
nonary Ca	rrinnua	1 en -1	mes
	and the state of t		
de sub-pyrhonomical district			

and the second s			
A. AUTOPSY? (Yes ar Na	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED	
out 21C. WHERE DID	(If in Boltimore (City, give exact location	1)
21F. HOW DID INJI	URY OCCUR?		
	1-		100
Sept. 1, 1 19 65 and the	965 to Se	et 14,	1965.
	otin(my) (eur) opini	on death occurred a	n the dote
ne bady after death.	1	DATE CLOSES	
Med.		9/15/63	
Med. Director	Phys.	7/13/63	•
	mount	Aug	
961 Green 240. LC	OCATION (City,	town, or county)	(Stote)
C. FUNERAL DIRECTOR	urcumone, M	ADDRESS	
John A. Moran			5+
		2 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

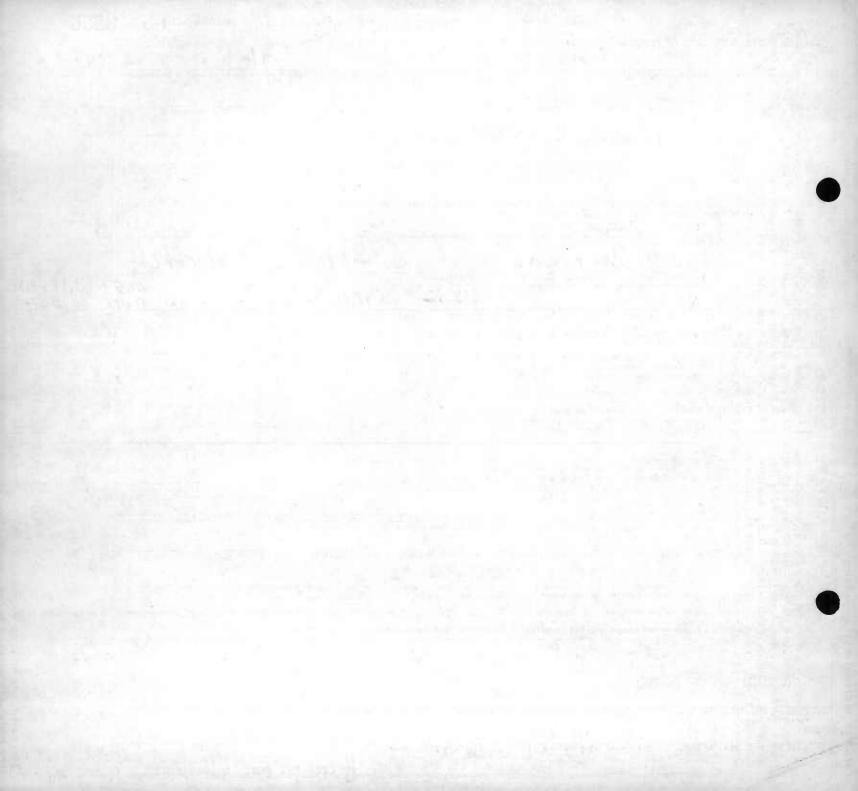


MEDICAL EXAMINER'S CERTIFICATE OF DEATH PROJECT 18 9555

M.E. CASE NO.	MILDI	CAL L	AMIINER 3 CI	LKIIICA	IL OI D	LATITIO	160 110.		
1. NAME OF DEC		TTN				HOUR PRONOUNCE			
3. PLACE IN BALL	EARL H. MAR		UNCED DEAD	IN LICITAL DECIF	-	aber 14, 19	Μ.		
3. 12,02 111 5/12				A. STATE	vland	B. COU	itution: residence befare admission INTY		
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET			carparote limits, write	RURAL and give township)		
St	. Agnes Hospi	tal		Bal	ltimore	7	10-1		
0				D. STREET ADD	ORESS (If rural,	give location)			
5. SEX	6. RACE	7 44400150	NEVER MARRIED	B. DATE OF BIRT		oft Terr.			
J. 3EA	o. KACE	WIDO WED,	DIVORCED (specify)	lost birthdoyl Months, Doys, Haurs, A					
male	white	Mar:	LIGA F BUSINESS OR INDUSTRY		4, 1892	73	12. CITIZEN OF		
	vorking life, even if retired)		Retired				WHAT COUNTRY?		
3. FATHER'S NAM	\E		Recited	14. MOTHER'S N	ennsylvai	IIIa	USA		
		Martin			.10	essie			
5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
No	The year, give war or bale	s di Selvice/	070-14-7856	XXX Zor	ra T. Ma:	rtin 404 R	osecroft Aerrace		
18.			CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGN TO THE DISEASE OF THE DIS	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST. II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING CONDITION CAUSING OPERATION [198, CONDITION CAUSING CONDITION [198, CONDITION	CONTRIBUTION TO THE	HE	20A. AUTOPS			NDINGS CONSIDERED		
O O	WAS PER	FORMED		No		N CERTIFYING CAUS	SES OF DEATH?		
UNDERLYING		21 B, home etc.)	PLACE OF INJURY (e.g., in, farm, factory, street, o	n ar about 21C. \ffice bldg., INJUR	WHERE DID (III Y OCCUR?	in Baltimare City, giv	ve exact lacation)		
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		TE. INJURY OCCURRED WHILE AT NOT WORK AT W	WHILE	OW DID INJUI	RY OCCUR?			
22.	ify that I held on Ir	nquiry 🗌	Inspection X Aut	opsy 🗌 on	d that on this	bosis, death in m	ny opinion		
	ted from: Notoral cou		ccident Suicide			ndetermined monne			
ACTUAL		Frest	Lucio M.D.	CHIEF M	EDICAL EXA	MINER	DATE SIGNED		
EXAMIN NAME (ER'S Rudiger E		ecker, M.D.	ASSOCIATE M			eptember 14, 1965		
BEMOVAL (Specify		23	C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, ar county) (State)		
Burial	9/17/		New Cathedra	1	0	ld Frederic	k Road, Maryland		
AA. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR		ADDRESS		
SED 15	1965 10 0	40 Fr	Over 14.8	Hubba	rd Funer	al Home 4	107 Wilkens Avenu		
VS 151-REV. 1/1/	65	1 13	1	000	160				

IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) (If outside city limits, write RURAL and give township) If Under 24 Hrs. If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? 2663 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)ond that in(my) (our))apinian death accurred an the date 238, DATE SIGNED (City, town, or county) ADDRESS 410 V\$ 150-REV, 1/1/65



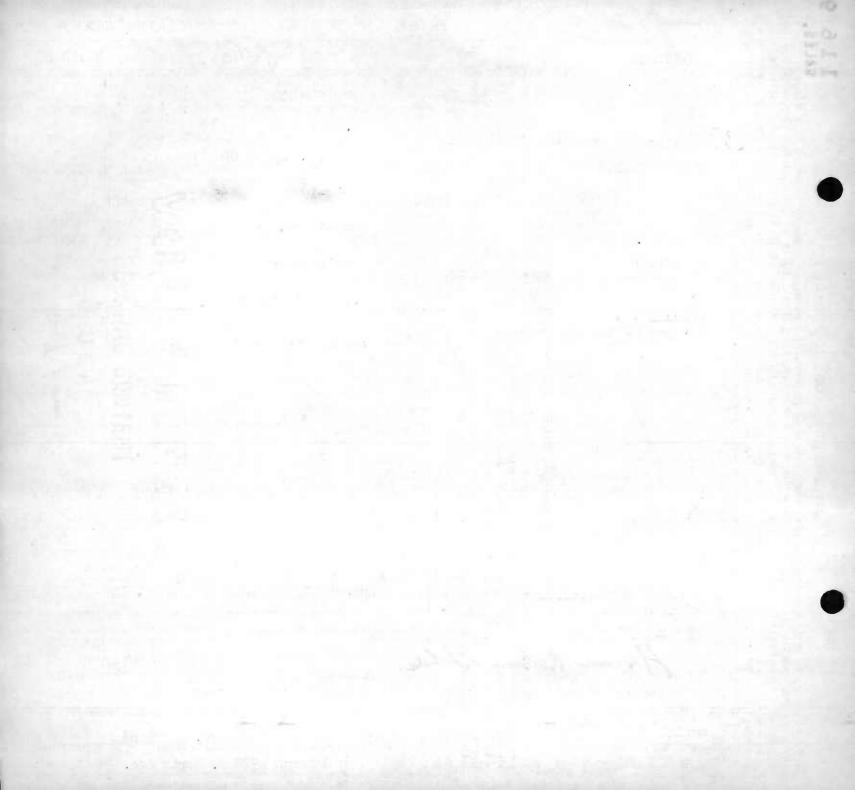
(Type or Print) JOHNSO	N, ANNA MARY	2. DAT	9-14-65	2:	45A
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	A. STATE B. C	Where deceased lived. If OUNTY		e odmi
HOSPITAL OR oddress or location	r institution, give street	MARYLAND	CECI		in
INSTITUTION		COLORA		URAL	00
ST. AGNE	S HOSPITAL	D. STREET ADDRESS	(If rurol, give location)		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II U	Inder 2
FEMALE WHITE	MARRIED	7-11-94	71		
done during most of working life, even if retired)			foreign country)	12. CITIZEN OF WHAT COUNTR	12
HOUSEWIFE	Own Home	MARYLAND	NAME	U.S.A.	
JAMES TOSH			CA KERNEY		
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (III yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	ST. AGNES	RECORDS-CAT		
18.		OF DEATH		#20	
DISEASE OR CONDITION DIR	ECTLY	f 2 CP Bledde		ONSET AND	DEAT
rise to the above cause (A) UNDERLYING CONDITION last.					
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT	TED TO THE			8.350	
19A. DATE OF OPERATION 19B. CONE	ORMED	20 A. AUTOPSY? (Tes	IN CERTIFYING C.	FINDINGS CONSIDERED)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or obout 21 C. WHERE D	ID (If in Baltimo	ore City, give exoct locoli	on)
OF INJURY (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?		
OF INJURY (APPROX.)	While At Not Work At Wo	hile hile			
22. I certify that (I) (this hospital)		ULY 16	19 65 to SE	PTEMBER 14	_196
that (i) (we) lost sow the deceased		-	d that in (my) (our) op	pinian death occurred	on th
ond hour and from the couses state	ed obove. (I) (We) (did) (did not)	view the body ofter de-	oth.	23B, DATE SIGNED	
16 2 81		ttending Med.	Stolf Phys.		-6.
23C. PHYSICIANS NAME TYPES REORGE EDMUND	ENGELKE M.	23D. ADDRESS	HOSPITAL		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C			City, town, or county)	(5)
BURTAI. 9-17-6	MEST NOTTING	CHAM CEM	NEAR COLORA	CECIL	M
SEP 17 1965 (O.	f & Farley M. A.	De D	190-1	· Rising	Sec
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death exhause. (1) An arcident of any patterns. (2) Body hurse. (3) A fracture of any lind. (4) Independing cause (5) December 1	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance, on the decased prior to death. Such the decased prior to death. Such the decased prior to death. Such the physician was in regular attendance on the decased prior to death. Such the physician was in regular attendance on the death.
	200	0 0
	S e	dis
	サモキ	3 0 3

NAME OF D	ECEASED				2. DATE A	ND HOUR OF DEATH	1
ype ('JOHN	NIE) JOHN (BALES			9/:	15/65	11:00 P
PLACE OF D	PEATH IN BALTIMORE, MAI	YLAND		4. USUA		ere deceased lived. If	institution: residence before od
FULL NAME			, give street		RYLAND	-	7-X
HOSPITAL O	R address or location)				utside city limits, write	RURAL ond give township)
STUE I	OHNS HOPKINS	I HACI	DITAL	1	LT IMORE	f rural, give lacation)	
) THE U	Units HUPKINS	nusi	TIAL	10000		HOUN STRE	ET
SEX	6. RACE	7. MARRIED	D. NEVER MARRIED	B. DATE		9. AGE (In years	If Under 1 Yr., If Under
MALE	NEGRO		ED, DIVORCED (specify)	6 7	0.3000	lost birthday)	Months Days Hours
	CUPATION (Give kind of work				O-1900 IPLACE (State or for	eign country)	12. CITIZEN OF
one during mast	ol warking lile, even if retired)			Roll	timono M	o weel o wal	WHAT COUNTRY?
FATHER'S N	AME				timore, M		
Unkn	OWN ed Ever in U. S. Armed Fare	2	1 6. SOCIAL	Man 17. INFO	ie Green		ADDRESS
es, na ar unkna	wn) (If yes, give wor or date:	of service)	SECURITY NO.				
						412 N. Cal	Lhoun Street
1B. 44	2./ 1		CAUSE	OF DEATH			INTERVAL BETWE
DISE	ASE OR CONDITION DIR	ECTLY					
(This door	LEADING TO DEATH	dutas a s				ardiovascula	ır
heort foilur	e, oslhenio, elc. Il meons	the disease		diseas	e		
injury or c	omplication which caused	death.)					
//	ANTECEDENT CAUSES		DUE TO			H H H D H H H H H H H D H Q QQ QQQ Q Q Q	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	OR CONDITIONS, if a		9			***************************************	
	NG CONDITION last.	- anny III	e (C)			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	11						
OTHER SIG	DEATH BUT NOT RELA	ONTRIBUTIN	NG HE				
DISEASE C	R CONDITION CAUSING 11			IOO A	LITOROVO /V	(-) 200 15 11-1	Chiphies Co. Co.
INA. DATE	OF OPERATION 198. CONI		WHICH OPERATION	20 A. J	UTOPSY? (Yes or I	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIE	DENT WAS UNDERLYING	21	& PLACE OF INJURY (e.g.	, in or about	21C. WHERE DID		ore City, give exact location)
OR CONTR	IBUTING CAUSE OF	ho	ome, farm, foctory, street,	office bldg.,	INJURY OCCUR?		,, ,
21 D. TIME	(Manth) (Doy) (Year)	(Houd 21	E. INJURY OCCURRED		21F. HOW DID IN	HURY OCCUP?	
OF INJURY	1507	W	/hile At Not W	hile 🦳	THE RESERVE OF THE RE	JUNE OCCUR.	
(APPROX.)		W	rark At Wa	rk 🗀			
22. I certi	fy that (1) (this hospital	attended		Augus		19 65 ta S	Sept. 15 19
that (I) (w	e) last saw the decease	d alive an	Sept. 15	19	65 and 1	hat in (my) (our) as	oinian death accurred on t
and haur o	and fram the causes stat	ed abave.	(1) (We) (did) (did nat)	view the	bady after death		
23A. SIGNA	A		11	-			238. DATE SIGNED
1	terman 10	elnon	Holde.D.	ttending hys.	Med.	Staff Phy s.	9/15/65
23 C. PHYSIC		7.0,0	0 -0	23D. ADD		,	71-210
NAME	(Type) erman Kalman Go	old	M.	John	s Hopkins	Hospital	
A. BURIAL C			NAME of CEMETERY of C			-	City, town, or county)
REMOVAL	(Specify)		ANNALE OF GENERAL OF C	TADIAMA	-		
Burial	9/18/6		Auburn Cemet			ltimore, Ma	
A. DATE REC	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR		FUNERAL DIRECTO		ADDRESS
SEP	1 7 1965 Rober	S En	of registrar			928 E. Nort	



IMPORTANT

DIRECTOR

FUNERAL

where hospital S. any nature; 9 (except and hospital was released 0 prior at deceased written an 0.0

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FUNERAL

Phys. 23 D. ADDRESS Phys. L

NAME (Type) Lloyd E. Saylor 24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

3902 Greenmount Ave. Balto., Md. 24D. LOCATION (City, town, or county)

25A. DAJE REC'D BY HEALTH DEPT. 25B. NA Jarrettsville 258. NAME OF REGISTRAR

Jarrettsville, Maryland 25C. FUNERAL DIRECTO

VS 150-REV. 1/1/65

23C. PHYSICIAN'S

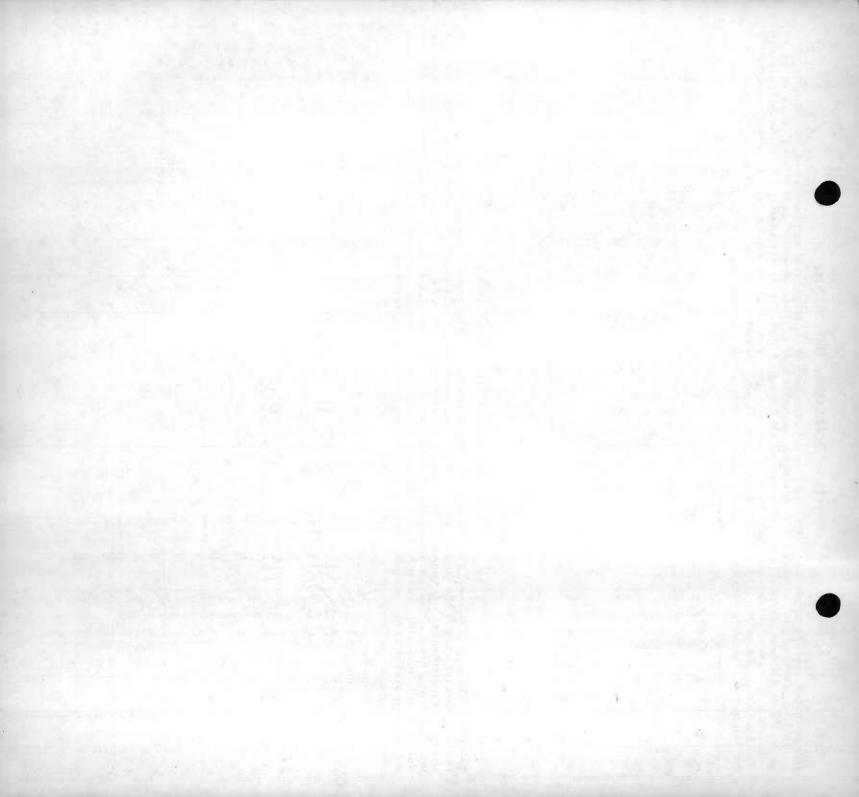
REMOVAL (Specify)

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			ITY HEALTH DEPARTMENT		05 0502
IRTH NO.	65 9563	CERTIFIC	ATE OF DEATH	Registered No.	65 9563
NAME OF DE	CEASED		2. DATE A	ND HOUR OF DEATH	
Type or Print	SCHMIOT, MY	B. FOHN	9-10	4-65 24	5 pm
PLACE OF D	EATH IN BALTIMORE MA	BYLAND			nstitution: residence before admissi
	entry he promitted the		A. STATE B. COUL	YTY .	00
FULL NAME	OF (If not in hospital	or institution, give street	MARYLA	ND	2000
HOSPITAL OF	R oddress or location	n)	C. CITY OR TOWN (If of	tside city limits, write	RURAL ond give township)
	SECOURS F	LOSOITAI	BALTIN	ORE	
4011	SECUMO 7	703/1/76	D. STREET ADDRESS (If	rurol, give location)	
			5039 0	1R11161.1	= AVE
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
		WIDOWED, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
M	CAU.	MARRIED	3-27-98	67	
		108, KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY?
	of working life, even if retired)	Doen dentro	BALTIMORE	CITY	U.S.
Active C	ENGINEER	REPRICERATION		/	
3. FATHER'S N			14. MOTHER'S MAIDEN NA		
Lou1	's 6. Se	HMIDT	ANNA M.	BERCH	
5. Wos Deceos	ed Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	10017	ADDRESS
Yes, no or unkno	wn) (If yes, give wor or dote	es of service) SECURITY NO.			5039 ORVILL
NO		717-09-57	33 MRS URE ID	Y MAY SCI	MIDT
18.	2101	CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIE	RECTLY			ONSET AND DEATH
0.02	LEADING TO DEATH		Liver a'N	win =	(00 and 800 -
(This does	nol meon the mode of	dying, e.g., DUE TO	V		A
heart failure	e, osthenio, etc. Il meons	the diseose,	L'ver. jo		0
injury or co	omplication which coused	deoin.)	diver. to	i line	
	ANTECEDENT CAUSES	DUE TO			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
DISEASES	OR CONDITIONS, if		0		
	the obove couse (A)	stoling the (C)			
UNDERLYII	NG CONDITION losi.		The state of the s		
	П				
OTHER SIG	NIFICANT CONDITIONS C				
DISEASE O	R CONDITION CAUSING				
OTHER SIGNOTHER		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE	FINDINGS CONSIDERED
20	WAS PER	FORMED		IN CERTIFYING CA	AUSES OF DEATH!
	ENT WAS UNDERLYING	218. PLACE OF INJURY (e.	g., in or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRE	BUTING CAUSE OF	home, form, foctory, street	, office bldg., INJURY OCCUR?		
U	ify medical examiner)	erc./	Sec. 15 19 19		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			Vhile		
(ATTRON)		Work L At W			
22. I certi	fy that (1) (this hospital	l) ottended the deceased from	8///	.19to	1/14 19 60
that (1) (w	e) lost sow the decease	ed olive on 2/14			inion death occurred on the d
					The Court of the C
		ted obove. (I) (We) (did) (did no	t) view the body ofter deoth.		
23A. SIGNA	1	Ò		The Court of	23B. DATE SIGNED
1	Juno 1	ent. M.D.	Attending Med. Phys. Director	Stoff Phys.	9.14.65
23 C. PHYSIC	-	7	23D. ADDRESS		
NAME	(Type)	C 2 . T. C			1.0
A.	2 ENIO	SANTOS M	.D. Bon let	oure. D	to of The
24A. BURIAL C	REMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D.	LOCATION (C	City, town, or county) (State
REMOVAL	(Specify)	1000			n- N
1201611	96 7/1/1	95 C-LEN HAVE	EN G-L	ENBURN	ADDRESS
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR			
SEP 20	1965 10 0 8-	G Fallow M. R.	1) LU RAY HED FIS	WERAL HAM	NE 4210 BELAI
/\$ 150-REV. 1/	1/65		U 1977		- 1010 111
or I JU- OF A. I.	11.00				



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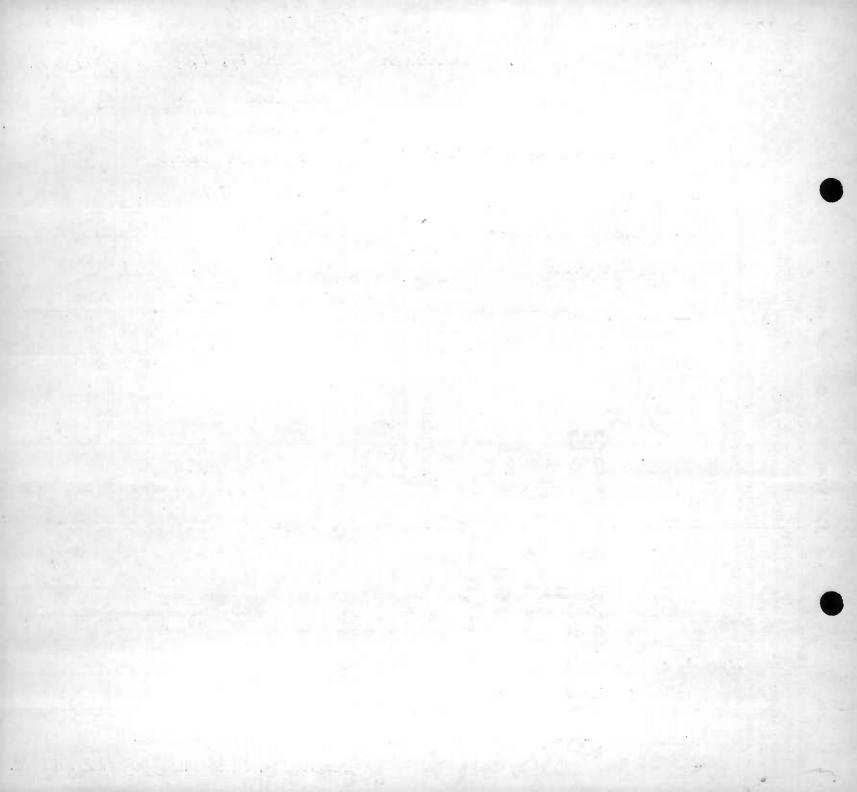
	со по на	9554	MEDI	CAL EX	CAMINER'S CI	ERTIFICATE	OF D	EATH Registe	red Na	65 95	564
_	E CASE NO.	EASED				2	DATE AND	HOUR PRONOUNC	ED DEAD		_
{Ту	pe or Print)	RA		ROFFE			Sept	ember 13,	1965	9:39 A	
3. P	LACE IN BALT	MORE MARYL	AND, WI	HERE PRONO	JNCED DEAD	A. STATE	ce (Where day	leceosed lived. If inst B. COU	itution: resi	dence before adm	nissian)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN	OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN	(If outside	corporate limits, write	RURAL	nd give township)
18		MARY	LAND (GENERAL	HOSPITAL	D. STREET ADDRES				00	
5. \$	FY	6. RACE		7 AAADDIED	NEVER MARRIED	B. DATE OF BIRTH	77 7 210	9. AGE (In years	I If Unde	1 Yr. If Under 2	DA Hee
J. J	Female	White			DIYORCED (specify)	Aug. 28,	1894	last birthday		Days Haurs	
	during most of w				Security Adm		ote or foreign	country)		EN OF T COUNTRY? S.A.	
13.1	John	P. Doy	Le			Elizabeth					
15.1	WAS DECEASE			FORCES?	16. SO CIAL	17. INFORMANT			ADDRES	S @	
Yes	o, no ar unknown) O	(If yes, give w	ar ar dotes	s of service)	SECURITY NO.	Elizabeth	Doyle	787 4 77 77 4 4 4 4 4 4	Level	Green ord, Pa.	
	1B &	124.			CAUSE	OF DEATH		V 100		INTERVAL BETY	
	DISEAS	E OR CONDI	TION DIR	ECTLY						ONSET AND D	EATH
		LEADING TO	DEATH		Mul	tiple traum	natic i	njuries			
	heart failure,	ot meon the osthenio, etc.	It means	the disease,	DUE TO			1000		***************************************	
	injury or con	aplication which	coused d	leath.)					50		
		NTECENDENT			(R)						
		OR CONDITIO			DUE TO	***************************************	**************	***************************************			
		G CONDITIO			(6)					15.71	
ŏ		-			(0)			***************************************		•••••	
CERTIFICATION		II NIFICANT CON DEATH BUT									
THE	DISEASE OF	CONDITION	CAUSING	IT.	***************************************						•
CER	19A. DATE OF		19B. CONI WAS PERF		WHICH OPERATION	Yes		20B. IF YES, WERE FII IN CERTIFYING CAUS YES			
N V	21 A. EXTERNAL UNDERLYING	OR CONTRIB-		21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WH	ERE DID (I	f in Baltimore City, gi	ve exoct le	acotion)	
MEDIC	UTING CAU	SE OF DEATH.		etc.)	Street			.60' south	at Ar	mory P1.	
2	21 D TIME	(Month) (Do	y) (Yeor)	(Hour) 2	TE. INJURY OCCURRED	21 F. HOW	DIN DID A	RY OCCUR?		11	
	(APPROX.)	9 13	65 6	25 Am.	WHILE AT NOT	ORK Ped	lestria	n struck by	auto	1/-	02
	I cert	ify that I hel						s basis, death in m	3. 17.	n	
	resul	red fram: Na	tural cau	ses	Accident X Suicid			ndetermined mann	er		
	ACTUAL		671	6.1)./	CHIEF MED				DATE SIGN	IED
	SIGNAT) VI	o iso	M.D.	ASSISTANT MED		- pany	0_	13-65	
	EXAMIN NAME (Rı	ussell	S. Fisher, M.	ASSOCIATE MEI	DICAL EX	AMINER	9-	12-02	
	BURIAL CRE	MATION, 23B.	DATE		C. NAME OF CEMETERY		23D. LC	CATION (City,	tawn, or	county) (St	ote)
	Burial	9,	/16/65	5 1:	rwin Union Cm	sterv	Irw	in, Pa.			
24/	A. DATE REC'D				OF REGISTRAR	24C, FUNERAL				ADDRESS	
	SEP 20	1965 (200,1	8 E. Fo	A Dev M.D	Ullrich	Funer	al Home 421	O Bel	air Road	
1/6	161 Best 1/1/	(e) /	TO MAN		7 6 0	0 0 0					

VS 150-REV. 1/1/65

ALABAE OF PER			CERTIFICA	TE OF D	EATH	Registered No.	65 9565
	INSTON LEO		HERTY			MBER 16,	
FULL NAME OF HOSPITAL OR	OF (If not in hospital oddress or lacolic	ar institution,	give street	A. STATE MARY	LAND	TY	RURAL (ond give township)
0	ST. AGNES	HOSPITA	\L	D. STREET ADD	RESS (If	AVENUE	ØKØK\$
MALE	6. RACE WHITE	MARRIE	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 24 Hr Manths Days Haurs Min.
eng I NE	UPATION (Give kind of working life, even if retired)		SOVERNMENT	MARYLA	(State or forei	gn cauntry)	UNITED STATES
3. FATHER'S NA		MON F. D	AUGHERTY	14. MOTHER'S A	ORA HOR		
5. Was Deceased Yes, na or unknawn NO	d Ever in U. S. Armed Fa (Iff yes, give war ar dat	nces? les of service)	16. SOCIAL SECURITY NO. 220-05-9371	ST. AG		CORDS WIL	LKINS AND CATON
(This does the heart lailure, injury or con	SE OR CONDITION DI LEADING TO DEATH mot meen the mode of asthenio, etc. If meen application which couse ANTECEDENT CAUSE OR CONDITIONS, if se obove cause (A) G CONDITION last.	f dying, e.g., s the diseose, d deoth.) S	(A) A CA DUE TO (B) ACA DUE TO (C)	te Pul te Myo Myocard	carchal	Tufrote Sease	i ou
OTHER SIGN	IFICANT CONDITIONS (DEATH BUT NOT REL						
19A. DATE OF	IFICANT CONDITIONS DEATH BUT NOT REL CONDITION CAUSING F OPERATION 198. COI WAS PER	ATED TO THE	E WHICH OPERATION		10	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
TO THE DISEASE OR 19A. DATE OF CONTRIBE	IFICANT CONDITIONS OF ATH BUT NOT REL CONDITION CAUSING FOPERATION 198, COI	ATED TO THE	WHICH OPERATION PLACE OF INJURY (e.g., ir ie, form, foctory, street, of	n ar about 21C. W	HERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING F OPERATION 198. COI WAS PEI NT WAS UNDERLYING UTING CAUSE OF	ATED TO TH IT. NDITION FOR REFORMED 21B, horn etc.	PLACE OF INJURY (e.g., iree, form, foctory, street, of	n ar about 21C. W ffice bldg., INJURY	HERE DID	IN CERTIFYING CA	
19A. DATE OF THE PROPERTY OF T	IFICANT CONDITIONS DEATH BUT NOT RET CONDITION CAUSING F OPERATION 19B. COI WAS PEI NT WAS UNDERLYING UTING CAUSE OF medical examine) (Manth) (Day) (Year) T that XI) (this hospita) I last saw the decease d from the couses sta	ATED TO TH 1T. NDITION FOR REFORMED 21B hom etc. Wh wa at a dive an a	PLACE OF INJURY (e.g., ir lee, form, foctory, street, of MINING OF	n or about 21C. We fice bidg., INJURY 21F. Ho	HERE DID OCCUR? DW DID fNJI and the	(If in Baltima URY OCCUR? 105 to SEP of in May) (aur) op	
19A. DATE OF 21A. ACCIDE OR CONTRIBIDEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify that XI) (we) and hour an	IFICANT CONDITIONS DEATH BUT NOT RET CONDITION CAUSING FOPERATION 198. COI WAS PEI NT WAS UNDERLYING UTING CAUSE OF medical examine) (Manth) (Day) (Year) That Al) (this hospital) I last adw the decease of from the couses state USE AN'S Type)	ATED TO TH 1T. NDITION FOR REFORMED 21B hom etc. Wh wa at a dive an a	PLACE OF INJURY (e.g., ir lee, form, foctory, street, of MINJURY OCCURRED it At Work he deceased from ALEPTEMBER 16 (We) (did) (Ad Abt) v	n or about 21C. We fice bidg., INJURY 21F. Ho	HERE DID OCCUR? DW DID fNJI and the	(If in Baltima URY OCCUR? 65 to SEP of in (May) (aur) op	TEMBER 16 65

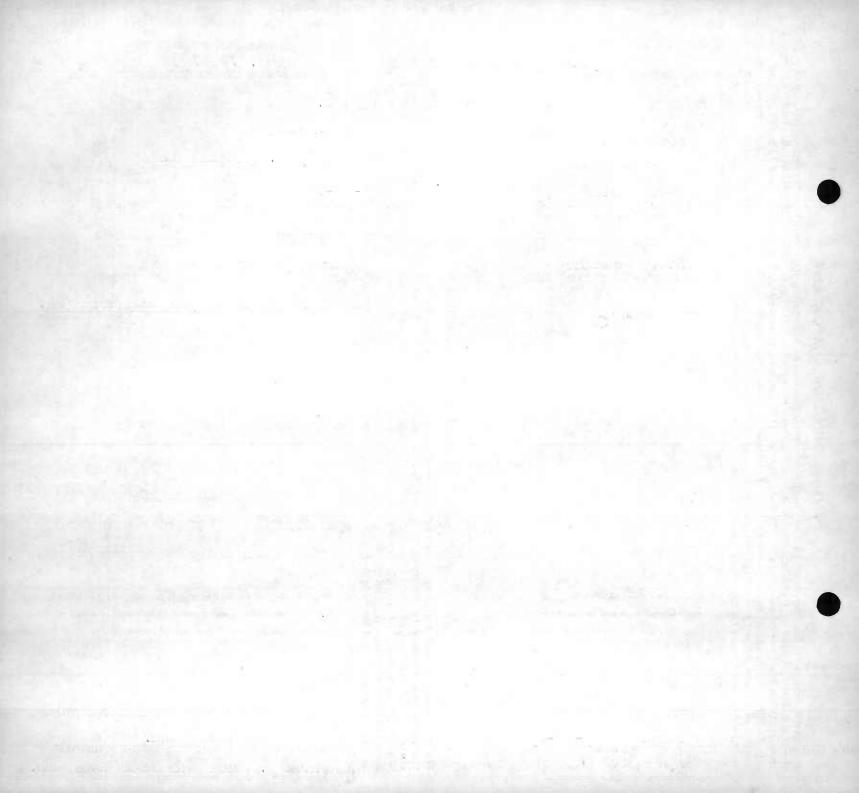
And the rest of th

	BALTIMORE CITY			65 9566			
BIRTH NO. 65 9566 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	00 0000			
Type or Print) Grover	Derringer	(,	17. 1965	11:30 A.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	- 4	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before odmissi			
FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution)	ution, give street	A. STATE B. COUNT Maryland C. CITY OR TOWN (If outs	1	JRAL ond give township)			
7		Baltimor	<i>le</i>				
C 11 Canada		10 10	rol, give location)				
Gould Convales	vicum Home	4606 Parkwo	od Avenue				
/ / · / WID	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 20, 1887	AGE (In years ost birthdoy)	If Under 1 Yr. II Under 24 h Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 108, KIN		Y 11. BIRTHPLACE (State or foreig	n Country)	12. CITIZEN OF			
Ret. Pressman Neu	us-Post	Maryland		WHAT COUNTRY?			
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	E				
Hanny Dannings		111-1-1	2				
Henry Derringer 15. Wos Decessed Ever in U. S. Armed Forces?	1 6. SOCIAL	Adelaide 1	eregoy	ADDRESS			
(Yes, no or unknown) (If yes, give wor or dates of ser	SECURITY NO.	Mrs Alma Di	ah i naah	Aama			
no			eunger	same			
18.422,11	CAUSE	OF DEATH		ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	19	. /.	lan scherce	2 2.7			
LEADING TO DEATH	(A)	escale vascu	un science	3 2-3 7			
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis		1 0 =					
injury or camplication which caused death.)	/	eurlets "					
ANTECEDENT CAUSES	DUE TO						
DISEASES OR CONDITIONS, if any,							
rise to the above cause (A) stating UNDERLYING CONDITION tast.) The (C)		***************				
11							
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE abdom 4	nal a nei	ur yein				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
100							
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	home, form, foctory, street, detc.) 21 E. INJURY OCCURRED While At Not Whi	office bidg., INJURY OCCUR?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work	office bidg., INJURY OCCUR?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hourl OF INJURY (APPROX.) 22. certify that (1) (this heartful) otten	O 21E INJURY OCCURRED While At Not White At Work Added the deceased from	ile 21F. HOW DID INJU	9to	City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hourl OF INJURY (APPROX.) 22. 1 certify that (1) (this heartful) otten	O 21E INJURY OCCURRED While At Not White At Work Added the deceased from	ile 21F. HOW DID INJU	9to	City, give exoct locohon)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. I certify that (I) (this heart of) attention that (I) (we) last saw the deceased alive	on 9 55	21F. HOW DID INJU	9to	City, give exoct locohon)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hourl OF INJURY (APPROX.) 22. certify that (1) (this heartful) otten	on 9 55	21F. HOW DID INJU	9tot in(my) (owe) optn	City, give exoct locohon)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this has pital) attention that (I) (we) last saw the deceased alive and hour and from the causes stated about	while At Not While At Work added the deceased from the on The Sove. (1) (We) (did not)	ile 21F. HOW DID INJU	9to	City, give exoct locotion) 2			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hourist) attention that (I) (we) last saw the deceased alive and hour and from the causes stated about 23A. SIGNATURE	while At Not While At Work added the deceased from the on The Sove. (1) (We) (did not)	ile 21F. HOW DID INJU	9totin(my) (oue) opin	City, give exoct locotion) 2			
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hourhol) attention that (I) (we) last saw the deceased alive and hour and from the causes stated about 23A. SIGNATURE LEGALLY LAGGED 23C. PHYSICIAN'S	while At Not While At Work added the deceased from the on The Source (1) (We) (did not) M.D. At Ph	21F. HOW DID INJU	9to	City, give exact location) 2			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this heartful) attention that (I) (wa) last saw the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 124B. DAYE	while At Not While At Work added the deceased from the on (1) (We) (did not) M.D. At Ph	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY 19 ond the view the body ofter deoth. 18 Med. Director Direct	ory occur? 9tototin(my) (out) optin Stoff phys. rford	City, give exact locotion) 26 5 19 ion death occurred on the 23R DATE SIGNED 9/17/65			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hourial) attention that (I) (we) last saw the deceased oliver and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DAYE REMOVAL (Specily)	bove. (1) (W6) (did not) M.D. At Ph	INJURY OCCUR? 21F. HOW DID INJURY 19	Sloff Phys. CATION (City	City, give exoct locohon) 965 19 ian deoth occurred on the o			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this heartfal) attention that (I) (we) last saw the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DAYE 24A. BURIAL CREMATION, 24B. DAYE	while At Not White At Work Not	INJURY OCCUR? 21F. HOW DID INJURY 19	ory occur? 9tototin(my) (out) optin Stoff phys. rford	City, give exoct locohon) 965 19 ian deoth occurred on the o			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this heartfal) attention that (I) (we) last saw the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DAYE 24A. BURIAL CREMATION, 24B. DAYE	bove. (1) (W6) (did not) M.D. At Ph	Ilending Med. 23D. ADDRESS 24D. LG 25C. FUNERAL DIRECTOR	Sloff Phys. CATION (City altimore,	City, give exact locohon) 2 5 19 ian deoth occurred on the exact locohon) 23 B. DATE SIGNED 9/17/65 Red 2/2/6 , town, or county) (State Md.			

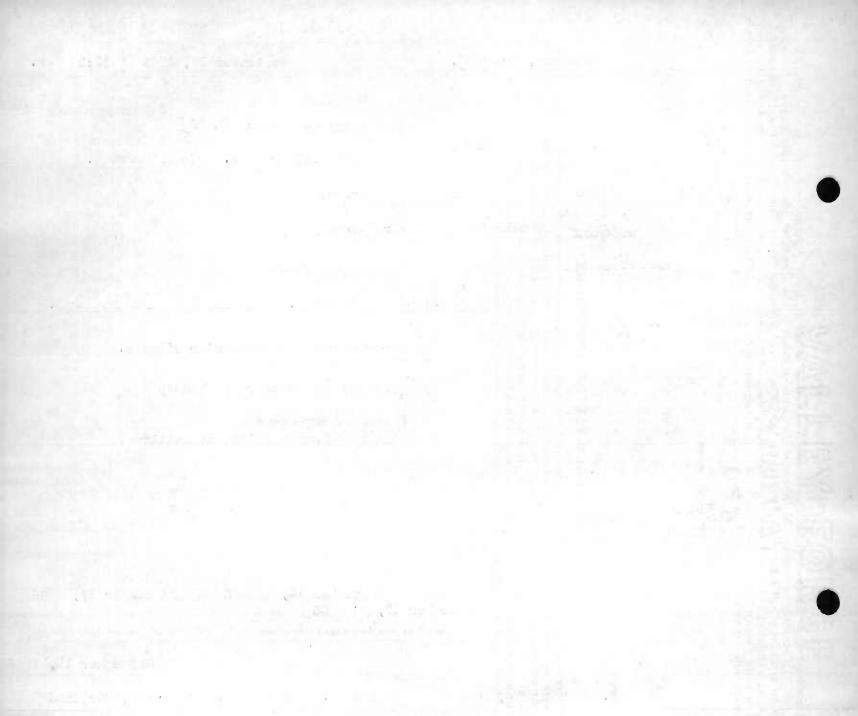


IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If autside city limits, write RURAL and give township) harles Street If Under 1 Yr. If Un Months: Days Hours If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Eastwood 400 Rosebank INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) ond that In (aur) apinion death accurred an the date 23B. DATE SIGNED VS 150-REV. 1/1/65

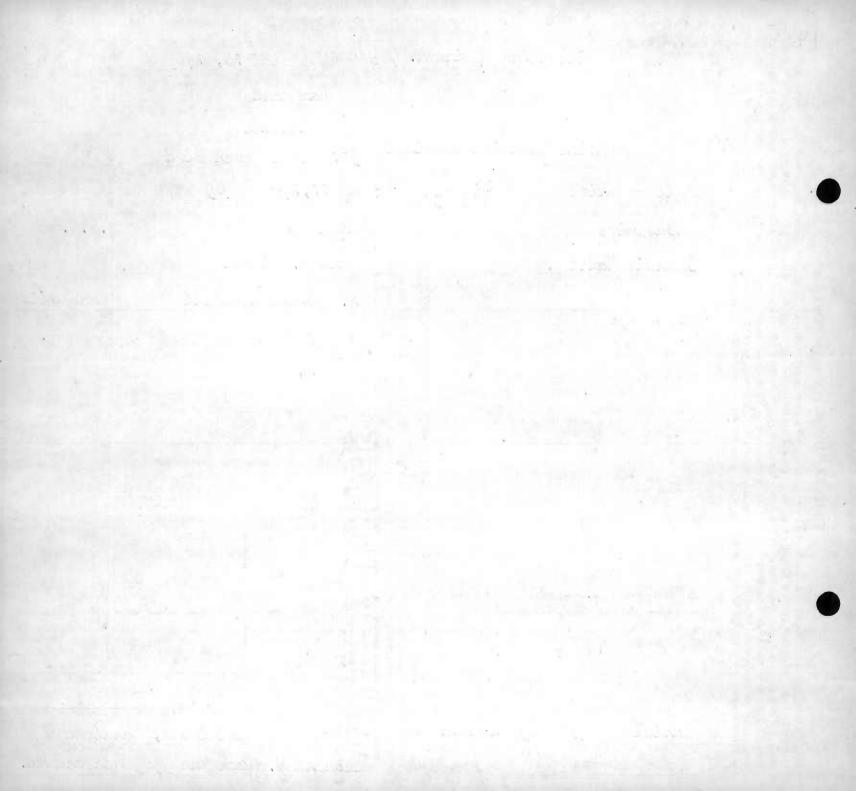


	65 9568			HEALTH DEPART		No. 65 9568
M.E. CASE NO.			CERTIFICA			
(Type or Print)		n, Brunc	8	2.	DATE AND HOUR OF DE	
3. PLACE OF D	EATH IN BALTIMORE MA	-	<u>C.</u>			1965 12:25 P. M. If institution: residence before admission)
				A. STATE	8. COUNTY	71-00
HOSPITAL OF			give street	Maryland	(If outside city limits, w	vrite RURAL on'd give township)
INSTITUTION					22208× 21213	
4	St. Josep	h Hospit	tal	D. STREET ADDRE	SS (If rural, give location	n)
	-				bury Ave. Ap	partment E.
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
Male	White		lowed	1-17-1889		
	CUPATION (Give kind of worl of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired	Mechani	loal Engineer	Germany		USA
3. FATHER'S NA				14. MOTHER'S MA	IDEN NAME	
(ar	1 Niemann			Not kn	own	
	ed Ever in U. S. Armed For wn)(If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			216011446	Bruno G	. Niemann 23	127 Forter Ave.
18.216	OXI		CAUSE O			INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH
(This does	LEADING TO DEATH	duing og	(A) Hype	ertensive o	ardiovascular	disease.
heart failure	e, osthenio, etc. Il meons	the disease,	DUE 10			
injury or co	omplication which caused		18) Mult	iple absce	sses right kid	nev
DISEASES	ANTECEDENT CAUSES		DUE TO			· · · · · · · · · · · · · · · · · · ·
	OR CONDITIONS, if the obove couse (A)		ic) Puln	nonary emph	ysema	
UNDERLYIN	NG CONDITION lost.		High	blood sug	ar (diabetes m	ellitus)
Z 271150 610	11	ONTRIBUTING				
E TO THE	NIFICANT CONDITIONS OF	ATED TO THE				
		DITION FOR V	WHICH OPERATION	20A. AUTOPSY?	Yes or No) 208, IF YES, W	ERE FINDINGS CONSIDERED
19A. DATE O	WAS PER	FORMED		Yes	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRI	BUTING CAUSE OF	21 8.	PLACE OF INJURY (e.g., in	fice bldg. INTURY	RE DID III in Bolt	timore City, give exact location)
	ify medical examiner	etc.)		nee siegs, mooki e	CCG K.	
21 D. TIME OF INJURY	(Month) (Doy) (Year)	IHour 21E.	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
(APPROX)		Whi	ile At Not While	e 🗀		
22	fy that (I) (this hospital			entember 1	6, 19 65 to	September 17, 19 65
	e) last saw the decease					opinion death accurred on the date
						opinion death accurred on the date
23A. SIGNAT	and from the causes star	ted above. (I) (We) (did) (did nat) v	iew the bady afte	or death.	238, DATE SIGNED
23.4.0101414	Anol.	1 12	M.D. Atte	ending Med	i. Stoff	
23C. PHYSIC	will our	torr		s. Dire	ctor Phys.	September 17, 196
NAME	lType)	Do Do			maldan St. Pa	leimann Manualana
AA AIRIAL AA	R. Govind					ltimore, Maryland
REMOVAL		24C. NA	ME of CEMETERY OF CRE	MAIORY	24D. LOCATION	(City, town, or county) Stote)
burial	9-20-0	55 Pc		etery	Baltimore,	Md.
15A. DATE REC	20 1965 Role	BE L	of REGISTRAR	25C. FUNERAL	DIRECTOR	nc Baltimore, Md.
/S 150-REV. 1/1	1/65			0		



FUNERAL DIRECTOR: IMPORTANT

	CE	0500	B	ALTIMORE CIT	Y HEALTH DEP	ARTMENT		NE	0500
BIRTH N	NO. 65	9569	C	ERTIFICA	TE OF	DEATH	Registered No.	00	3363
Type of	E OF DECEASEO	Wilhel	mina (Min	a K.)	Glenn	-	16, 1965		8 50 m
. PLAC	CE OF DEATH IN	BALTIMORE, MA	RYLAND	,	4. USUAL RE	SIDENCE (Whe	re deceased lived. If i	stitution: res	idence before odmiss
FULL	NAME OF	If not in hospital	or instilution, give stree	1	A. STATE MC	erylana)-0	pa
		oddress or location			C. CITY OR T	1	tside city limits, write	RURAL ond	give township)
11					D. STREET AC	utimor	rurol, give location)		
1		Union M	emorial Ho	spital	5210	, , ,	laven Blva	!	
sex tem	ale 6. RAC	hite	7. MARRIED, NEVER WIDOWED, DIYOR	CEO (specify)	May 11		9. AGE (In years lost birthdoy)	If Under Months C	1 Yr. II Under 24 Doys Hours Min
A. USI			108, KIND OF BUSINE	SS OR INDUSTRY		CE (State or lore	ign country)	12. CITIZE	N OF
one dur	ring most of working I	ite, even il retired)			M 1	and		WHA	COUNTRY?
3. FATI	HOUSEWLY HERS NAME	e			Marylo	MAIDEN NA	AA E	(1.J. J.
		, ,							
	trancis k					M. Wit	zke		
	Occoased Ever in or unknown) (If yes,			IAL URITY NO.	17. INFORMAN	NT		-	ADDRESS
			3.0		Mr. Fo	dward K	rastell		Annapoli
18.	2824	1		CAUSE	F DEATH				TERVAL BETWEEN
0	X0//	CONDITION DIR	ECTLY	0		10 -	0:		NSET AND DEATH
		NG TO DEATH		(F	oronar	4 OCC	lusion	met	midiate
	is does not mea			DUE TO	4 /	1	B- //	***************************************	***********
	art failure, astheni viy ar complicatio			1	11664	0 100	1 11		
		DENT CAUSES		(B) //	miles	apres	ury		
5.6				DUE TO			V		±+++±++++++++++++++++++++++++++++++++
	SEASES OR CO B Io The abav			(C)					
	DERLYING CON		3	a didd few a did did did a	***************************************		0 00 0 0 00 00 0 0 0 0 0 0 0 0 0 0 0 0		
		11							
	HER SIGNIFICANT	CONDITIONS C		-	127				
A DIS	SEASE OR CONDI								
19A	DATE OF OPERA	TION 198. CON WAS PERI	DITION FOR WHICH C	PERATION	20 A. AUTO	PSY? (Yes or No	IN CERTIFYING CA	FINDINGS OF DI	CONSIDERED EATH?
21 A	ACCIDENT WAS	UNDER VING	21R PLACE	OF INJURY (e.g.,	in or obout 21C	WHERE DID	(If in Robins	a Ciby sign	exoct locotion)
F DE	CONTRIBUTING ATH (notify medicol	CAUSE OF	home, loim,	foctory, street, o	office bldg., INJU	RY OCCUR?	(II III BOIIIMO	c city, give	EVOCI IOCOMON)
	TIME (Month) (Doy) (Year)	(Hour) 21E INJURY	OCCURRED	21 F.	HOW DID INJ	URY OCCUR?	-	
>	PROX.)		While At	Not Whi		4		111	
			Work	At Work	Joht 1	5	65	11	110 10
		4) attended the dece	sed from	Jus !-		19 to	4/201	19 4
tha	t (1) (***) last se	aw the decease	d alive an	11/3	1963	and th	at In(my) (per) ap	inian death	accurred on the
			ed abave. (I) (Web)	(did nat)					/
	SIGNATURE		1 12/		-			23B. DATE	SIGNED
	These	1/1 (Marto	M.D. At	ending vs.	Med.	Stoff	1.10	14/7//
230	PHYSICIANS	11 (1)	vorine,	Ph	23D. ADDRESS	Director	Phys.	1 yell	11/0
230	NAME (Type)	To	I 18/4	1	TOO. ADDRESS	rid.	HORE.	0>	Kn
		Hmes.	I, WI	ITQ M.D.	2	XIT 1	THRIO	70	W.
	JRIAL CREMATION			CEMETERY OF CE	-00		OCATION (C	ity, town, or	county) (Stot
	Burial	9/20/	165 Loudon	n Park (emeter	y	Baltimore	. Mar	yland
25A. D	ATE REC'D BY HE		25B. NAME OF REGIS		TORC PUNE	DAL CIRCOTOR			ADDRESS
	SEP 20	1965 1	0. 8-8 Fr	Ourses	Yeann	Ad Q. I	Ruck Inc	305 H	lartord R
	DEN/ +1/1/45	1000	THE WALL	CLOCK AND	- Carca	2	3,00	י עיעי	0



IMPORTANT

FUNERAL DIRECTOR:

MARCHET CENCO SELL MARCHET LANGE MULTINANH. 9 3404 W788 36015 OTT392MOH 484 Grancint P.S. 10059. 4/2/01 64 85/1 h710/5 12 1811112 BA PRAMISIS SELECT HOSP CHART Micholite Coranous ! 1. hours (James) apt. Andy so so Supt 16 10 Wortelle State Helporte

FUNERAL DIRECTOR: IMPORTANT

	OF OFFIS	BALTIMORE CIT	Y HEALTH DEPARTMENT		OF DEDA
BIRTH NO.	65 9571	CERTIFICA	TE OF DEATH	Registered Na	65 9571
M.E. CASE NO.	CEASED P.			ND HOUR OF DEATH	
T D: 11		1.177			1 1.20 D
3. PLACE OF D	Edmund J Me	LAND	Sept.	ere deceased lived, if in	stitution: residence before admis
FRTI	FICATE	AMENDED	A. STATE B. COUN	VIY	- n 1
FULL NAME HOSPITAL OR	OF (If not in haspital ar	institution, give street 9-27-65	Maryland C. CITY OR TOWN (If ou		-09
INSTITUTION	address or location)		C. CITY OR TOWN (If ou	itside city limits, write	RURAL and give township)
)			Baltimore		
Weste	rn Electric Co.	, Infirmary	D. STREET ADDRESS (IF	rurol, give location)	
			3225 Cliftmon	t Ave.	
. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Manths: Doys Hours M
Male	White	Married (speelig)	3-14-1906	lost birthday)	Manths Doys Hours Mi
		DB. KIND OF BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF
lone during most o	f working life, even if retired)	66.00	10 1 1		WHAT COUNTRY?
Expedi		Western Elec. Col	Maryland		USA
3. FATHER'S NA	AME		14. MOTHER'S MAIDEN NA	ME	
Edmin.	d Q. Mashill		Katherine	M. Connor	
5. Wos Deceose	ed Ever in U. S. Armed Force	s? 16. SOCIAL	17. INFORMANT	Country,	ADDRESS
res, no or unknov	vn) (If yes, give wor ar dotes	of service) SECURITY NO.		11	
no		* 220183410	Ann M. Meski	u	same
1B. 42	0.11	CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIRE	CTLY	an M. M.	· C . 1.	A. AA
	LEADING TO DEATH	(A)(well Coral	or men	, Ile Menal
	nal mean the mode at d , asthenia, etc. It means th		. 0	~ 7	
	implication which caused d		1 an Vile	. 10	Q 201 . TO
	ANTECEDENT CAUSES	(B)	Corresponding will	garang	1 Portuge
DISEASES	OR CONDITIONS, if an		A 1/1 01	11)	0 211 11
rise ta t	he abave cause (A) s		13-1.114	24	y orwer
UNDERLYIN	IG CONDITION last.				
7	11				
E TO THE	VIFICANT CONDITIONS CO				
	R CONDITION CAUSING IT.	TION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No	1 208 AF YES 1115	INDINGS CONSIDERS
E O	WAS PERFO		AUTOPSTETIES OF NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	ENT WAS IINDEDIVING	218 BLACE OF INTURY	in or chart 21C WHERE DID	//('- D-14'	City along among the days
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	21B PLACE OF INJURY (e.g., hame, farm, factory, street, c	office bldg., INJURY OCCUR?	ur in Politimore	City, give exact location)
DEATH (nati	fy medical examiner)	etc.)			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	JURY OCCUR?	
(APPROX.)		While At Not Whi	While At Not While Not Work		
20 /	.1 . (1) (.1 . 1		1	65 So	Atom L
		attended the deceased from U		19 0 to	190
that (I) (we) last saw the deceased	alive an	19 <u>O</u> and th	nat In (my) (aur) op ^r i	nian death accurred on the
and have a	nd from the causes state	d abave. (I) (We) (did) (did not)			
23A. SIGNAT	URE 100				23B. DATE SIGNED
un	Win L. K	Come M.D. All	ending Med. Director	Stoff Phy s.	9-17-15
23C. PHYSICI		7	23D. ADDRESS	7	1 / 6]
NAME	(Type)	ine	3008 61	20-11/2	
Will	liam L. Jear	ing M.D.	10 XJ 170	an 1900	/ /
4A. BURIAL CR		24C. NAME of CEMETERY OF CR	REMATORY 24D. L	OCATION (C)	ty, town, or county) (Sto
bunio	1 9-21-6	5 New Cathodral	Comotonii Ro	ltimore, A	ld.
5A. DATE REC'	D BY HEALTH DEPT. 2	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	R	ADDRESS
SEP 2.0	1965 DO B	2 Francisco Malt or	a Leaners of TE	Bala Tra- 200	of Handania Da H.
S 150-REV, 1/1	/65		Treough for the	uck inc. 530	5 Harford Rd. #

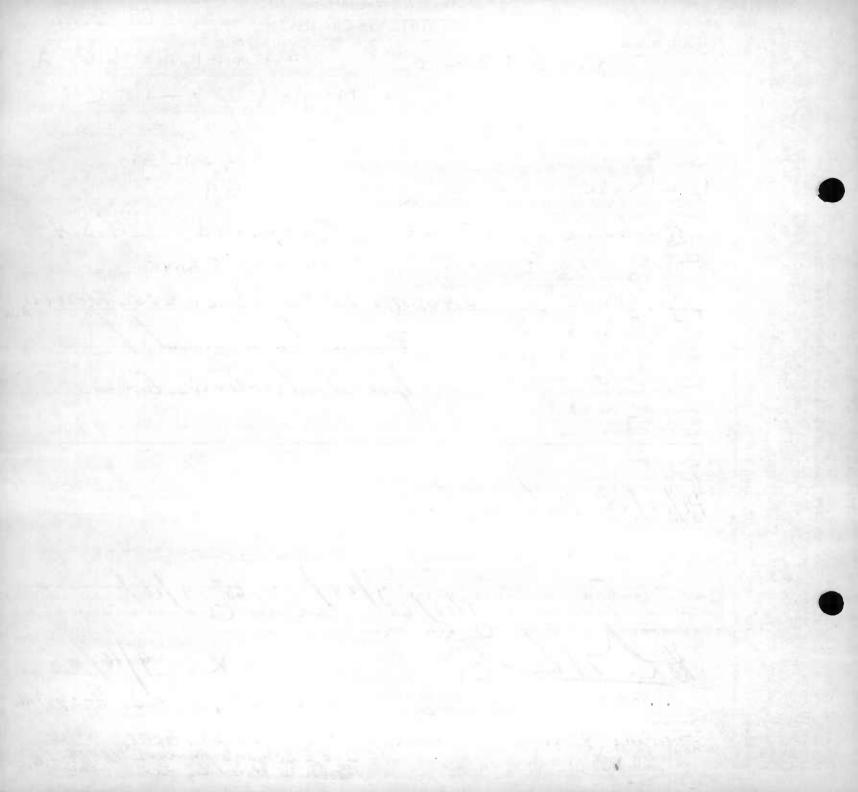
V.S. 153

27-65

M.H.

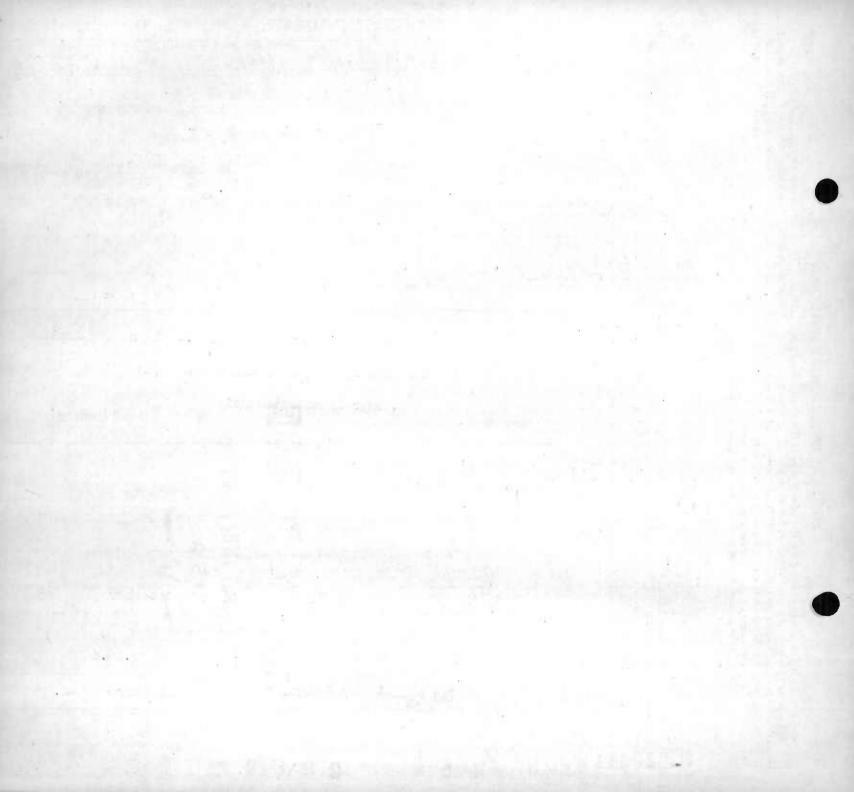
VS 150-REV. 1/1/65

BALTIMORE CIT	Y HEALTH DEPARTMENT		
	ATE OF DEATH Registered No. 65 9572		
M.E. CASE NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH		
(Type or Print)			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)		
STEACE OF DEATH IN SALIMONS, MANIENTS	A. STATE B. COUNTY		
FULL NAME OF (If not in hospital or institution, give street	Maryland 2004		
HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
NOITUTION TO THE TOTAL THE TOTAL TO THE TOTA			
University of Md, Hospital	Baltimore 21223		
rompary pareene sis.	D. STREET ADDRESS (If rural, give location)		
Bultmore, Md	2356 Frederick Ave		
SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.		
Make Come, married (specify)	G-17-06 ost birthdoy Months Doys Hours Min.		
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR one during most of working lile, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Mechanic Retired	Manuelland 1150		
FATHERS NAME	14 MOTHER'S MAIDEN NAME		
	A THOUSANT THAT		
SEORGE OTTO Schroen	Catherine CROVE		
. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS		
es, no ar unknawn) (If yes, give wor or dotes of service) SECURITY NO.	1 1 1		
NO NONE 219-07-179	2 Lottie Schroen 2556 Frederick		
	OF DEATH // INTERVAL BETWEEN #40		
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH		
LEADING TO DEATH	and the following of the		
(This does not mean the mode of dying, e.g., DUE TO	J. C. J.		
heart toilure, asthenia, etc. It means the disease,	taselfont.		
injury or complication which caused death.)			
ANTECEDENT CAUSES (B) DUE TO	wratured the cercosco oraces		
DISEASES OR CONDITIONS, il ony, giving			
rise to the obove couse (A) stoting the (C)			
UNDERLYING CONDITION lost.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
IN THE DEATH BUT NOT RELATED TO THE			
DISEASE OF CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED		
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?		
1/14/63 Unterwasclerosis			
OP CONTRUCTOR CALLER OF home form foctory street	in or about 21 C. WHERE DID (If in Baltimare City, give exact lacation) office bldg., INJURY OCCUR?		
DEATH (natify medical examiner) etc.)			
2 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
OF INTURY			
(APPROX.) While At Wark Not Wark			
	1981 100/11/10		
22. I certify that (I) (this hospital) attended the deceased from	196.)		
that (I) (we) last sow the deceased alive on 7/65	ond that In(my) (aur) opinion death occurred on the date		
and haur and from the causes stated above. (1) (We) (did) (did not)	view the hody ofter death.		
23A. SIGNATURE	23B, DATE SIGNED		
	thending Med. Director Phys. Phys. 9/16/65		
230 PHYSICHAMS	23D. ADDRESS		
NAME (Type)			
H.L.Marter M.D	UNIVERSITY OF PLA, GOSDITAL		
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, tawn, or caunty) (Stote)		
REMOVAL (Specify)	DOOV TIT' - MI		
5419141 9-21-65 Loudon	TARK BALLIMORE 17d		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AL HADDRESS 1		
SEP 20 1965 Relieb & Feelen	0 186 0 8 granille 2101 Kreslanda leve		



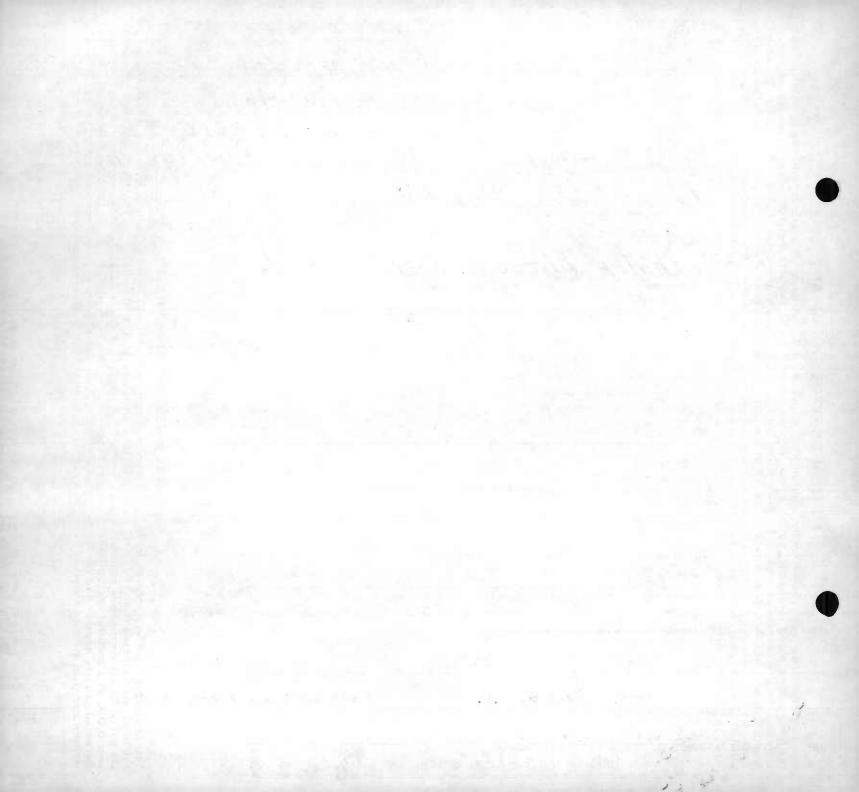
DIRECTOR:

A FAH CHEST HOME OUT THE MENT TO POST PORT TO SHOP HOME SCHOOL TEACHERS TO DO THE FIREY AND DELL'S JUSTIPIF WARRYING 24-11-1694 DECEMBER OF THE CONTRACTOR SECTION Partie Leavenh Later to Color A DESCRIPTION OF THE PROPERTY. LAPINOUS PROOF THE THEORY 12 31 1/15 13 - 1215 LASS -Eyerny bon leger SERRY PAR MORIES CHURCH HOME AND HOUSE



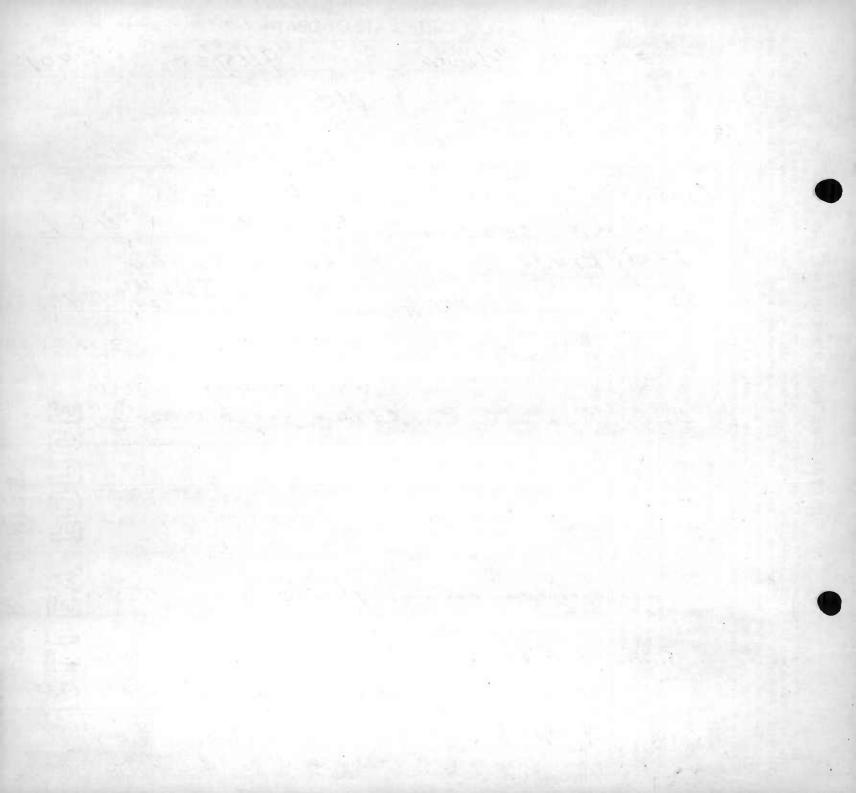
FUNERAL DIRECTOR:

CE OFFI	BALTIMORE CITY	HEALTH DEPARTMENT	6	SE OFFIE
BIRTH NO. 65 9575	CERTIFICA	TE OF DEATH	Registered Na.	5 9575
M.E. CASE NO.	0	2. DATE AN	D HOUR OF DEATH	
(Type or Print)	131.1400	/	11-11	1 11 21 1
3. PLACE OF DEATH IN BALTIMORE MARYLA	DIOTLEND	EPGEP -	10-60	2.35 A
S. PLACE OF DEATH IN BALTIMORE, MARTLA	10	A. STATE B. COUN	TY	ution: residence before odmiss
FILL MANE OF W		Margarit	/	1 -11
FULL NAME OF (If not in hospital or ins	filution, give street	C. CITY OR TOWN A (If our	und	0000
INSTITUTION		C. CITT OK TOWN (), (IT OUT	side city limits, write RUI	AL and give township)
5		120/1/	MOSE	-2/225
0 11 20 111	0 1/2	D. STREET ADDRESS (III	rural give location)	N
South Baltimore	= (=ENEPA) Hes	38/6	Sprakluh	HUE.
. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years /	f Under 1 Yr. If Under 24
M 11/1- W	IDOWED, DIVORCED (specify)		lost birthdoy) N	Nonths Doys Hours Mi
11. White	Single (38)	2-4-1904	61.	
OA. USUAL OCCUPATION (Give kind of work 10 B. lone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
0 - 0 - 1 - 6		AL D		WHAT COUNTRY:
aa Co. School Comem		ドレ・		
3. FATHER'S NAME	, ,	14. MOTHERS MAIDEN NA	ME	
Phillin Bl. L	ph-n-co	1./	m-140 /	(my mars)
5. Was Deceased Everyn U. S. Armed Forces?	ENDERGER.	17. INFORMANT	mary a	ADDRESS
res, no or unknown) (If yes, give wor or dotes of	Service) SECURITY NO.	1	,	ADDRESS
No		1- amily		Sand
18. / 4 " 2 /	CAUSE O	F DEATH		INTERVAL BETWEEN
10//				ONSET AND DEATH
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injury or complication which caused deal	h.)	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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UNDERLYING CONDITION IOSI.	ng lhe (C)	**************************************		
				
Z OTHER SIGNIFICANT CONDITIONS CONTI	PIRITING			
TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT.				
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U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 27C. WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, of	tice bidg., INJURY OCCUR?		
U	3			
OF INJURY (Month) (Doy) (Year) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While			
	Work At Work			
22. I certify that 👫 (this hospital) atta	ended the deceased fram	8-27	19 65 ta	9-15 196
that ((we) last saw the deceased ali	ve an 9-15	19 65 and al	nt In (mar) anini-	n death accurred an the
	•		ui in (mys (dur) apinia	m dagin accurred an the
and haur and fram the causes stated a	bave. (1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE			23	B. DATE SIGNED
1/e notit	M.D. Atte	nding Med.	Stoff Z	9-11-1
Vermer Alberton			Phys.	1-10-63
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Verner Albertson	M.D. M.D.	South Baltimore	General Hoen	it ol
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE			
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE	24D. LI	OCATION (City,	lown, or county) (Stol
Burnel 9-18-60	Cadan Itel	lam. (A	237 Petapo	pol
25A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
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1300 Volent	a) Namadium	Me Cucky St. M	201000	4 14 14
'S 150-REV. 1/1/65	40 100			/



DIRECTOR:

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FUNERAL DIRECTOR:

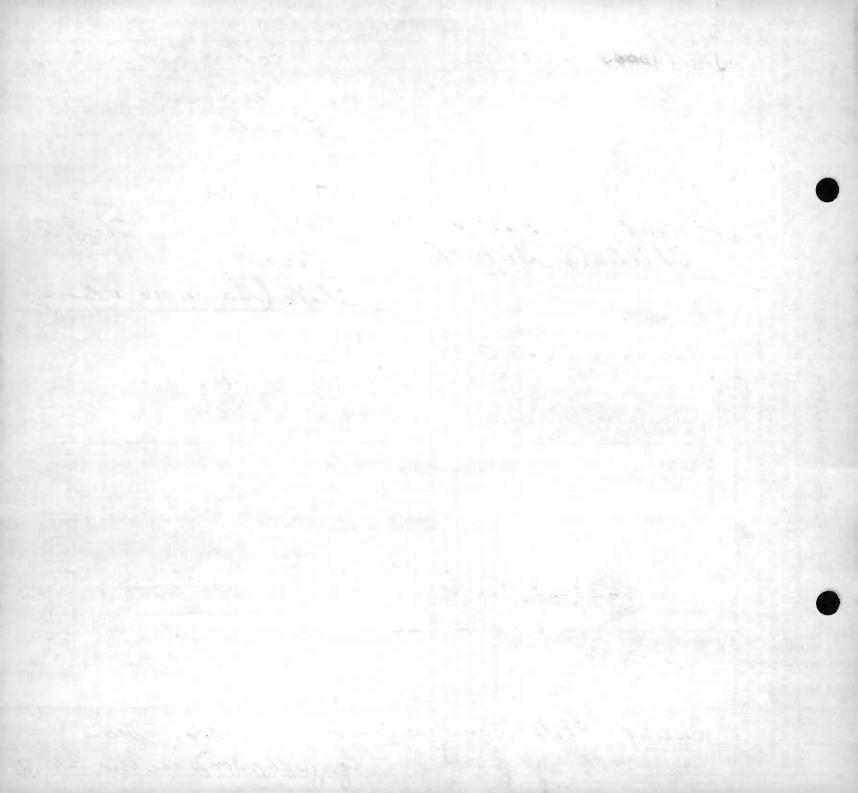
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REMOVAL (Specify)	M.E. CASE NO.								
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Jankins F. Coleman	done during most of w	rarking life, even if retired)					untry) 1		?
Security 10 10 10 10 10 10 10 1	3. FATHER'S NAM	E							
1. Security	Jenkins	F. Colema	n		Ella	?			
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REMOVAL (Specify)	NAME (1	Type) Werner							
	Burial	Sept.1	8/65 Mt.	Auburn C	em.	Balto			(State)
SEP 20 1965 Place & Fallente Williams Funeral Home 3198 Julians	- MA - 175	A	248, NAME OF R	EGISTRAR	24C. FUNER	LEAST TIME	al House	ADDRESS	V.do. 1.

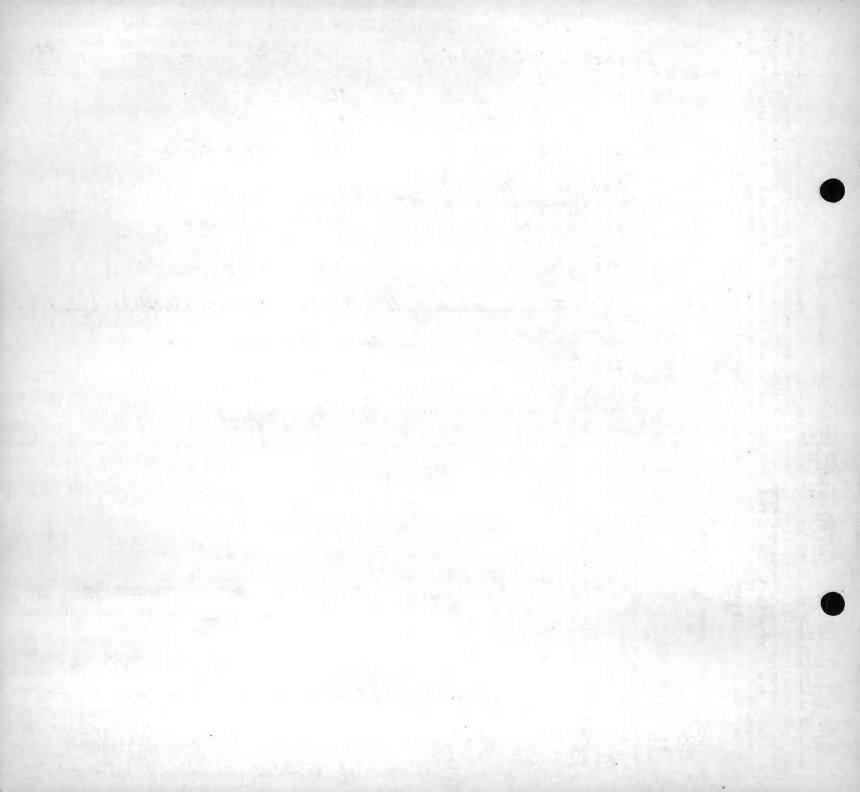
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VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

	TY HEALTH DEPARTMENT	OF OFOR
	ATE OF DEATH Registered No.	65 9580
N.E. CASE NO. NAME OF DECEASED Type or Print) LAHNER, JOHN V.	2. DATE AND HOUR OF DEATH September 17,	1965 11 50
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A, STATE B. COUNTY	stitution: residence before admissi
FULL NAME OF (If not in hospital or institution, give street	Maryland	19-11
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write f	RURAL and give town hip)
/ Lutheran Hospital of Maryland	Baltimore 23	
Baltimore, Nd. 21216	O. STREET ADDRESS (If rural, give location)	~
Male 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH G-27-1891 9. AGE (In years lost birthday) 744	If Under 1 Yr. If Under 24 I Months Days Hours Min
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
Chauffer Bus	Baltimore, Maryland	C1.5.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
11 2 4 2 - 11 12		
Unknown	17. INFORMANT	ADDOCCO
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.		ADDRESS
Ves W.W. I 213-10-2491	Mary P. Lahner 1716	wilkens A.
18. 45 0./1 CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	Acrtic thrombosis	
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		· · · · · · · · · · · · · · · · · · ·
injury or complication which caused death,)	Generalized tokemia	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if any, giving	last land die	
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UNDERLYING CONDITION last.		
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O DISEASE OR CONDITION CAUSING IT.		INDINGS CONSIDERED
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U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e. 8.	in or about 21 C. WHERE DID (If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, factory, street, etc.	office bldg. INJURY OCCUR?	
0		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work Not Will At Work		
22. I certify that (I) (this hospital) attended the deceased from	Septembe 11 1965 to 3	eptember 17 19 65
Carly hou	17 65	
	1150	nion death occurred on the
ond hour ond from the couses stated above. (I) (We) (did) (did nat)	view the body ofter death.	1
Manuel & Frontanilla M.D. A		23 B. DATE SIGNED
Manuel & Gentanilla M.D. A	hys. Director Phys.	Sept. 17, 196
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
Manuel G. Fontanilla M.D.	Lutheran Hospital - Balti	more, Md. 21216
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C		ly, town, or county) (State
REMOVAL (Specify)		As I
BUrral 1/21/19 New Cathedral	Cenetery Baltimore	Maryland
25A. DSE PEC 2 11 HIGHS DITY OF THE SAME OF THE STATE	25C. FUNERAL DIRECTOR	ADDRESS
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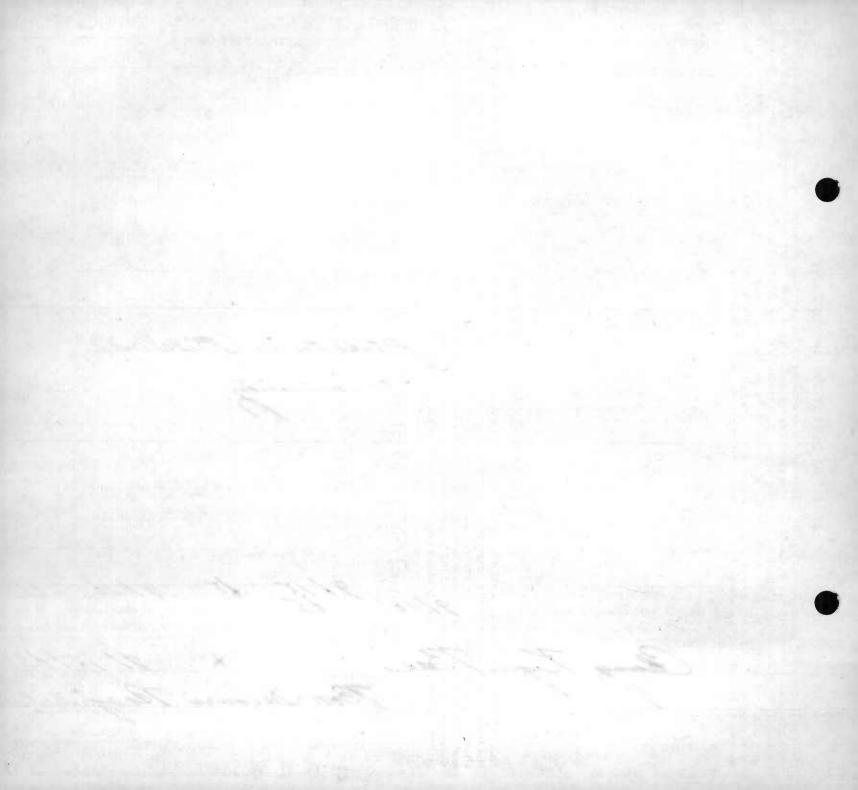


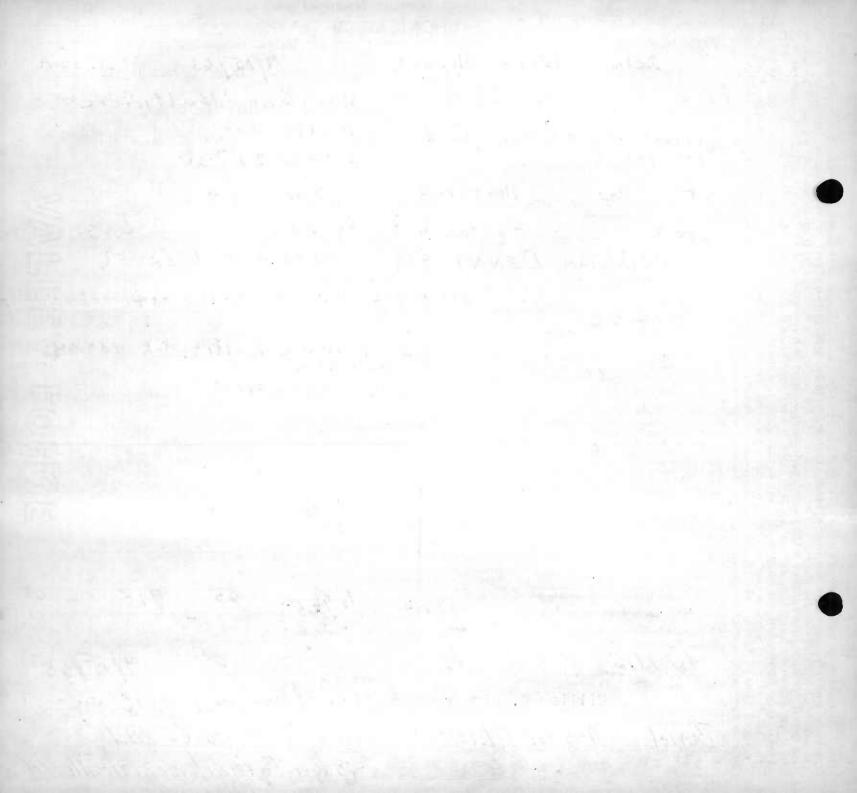
FUNERAL DIRECTOR:

VS 150-REV, 1/1/65

College South of 1. D. General year to section M. MILLER

7 = 1	BALTIMORE CITY HEALTH DEPARTMENT 65 9582
-02202	BIRTH NO. CERTIFICATE OF DEATH
death death eased n the	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
0 0 0 2	GREGORY LEE CRAFT 9-16-65 10.10 HOW
<u> </u>	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hos (5) and de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
a hocause; (5)	INSTITUTION BY THE ROLL OF THE
d in a ring cause; attend	D. STREET ADDRESS (If rurol, give location)
D.=_ L.	DON OBCOURS HOSPITAL 73/5. OLDHAM ST.
occurre contribut termined regular ceased p	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) 9. AGE (In years lost birthday) Months Doys Hours Min.
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de de Constitution de Constitu	13. FATHER'S NAME
T irect or c (4) Under (4) Under the dec	MOTELLE CRAFT BETTY SUE HOLBROOK
ZETET	15. Was Decoased Ever in U. S. Armed Forces? 16. SOCIAL 12. INFORMANT ADDRESS
ORTAI assista if the ny kinc ed dear dance or final	Mr. Hozelle Graft - 737 S. Oldham &
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OR: iner. iner. pro pro	hear) failure, as)henia, etc. 11 means the disease, injury ar camplication which coused death.)
	ANTECEDENT CAUSES (B) DUS-10
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DIRE all experiences (3) sy (3) crian as in	
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RAL DIR f medical medical e y burns; (3 physician ian was ii	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
UNER chief range of the plant	198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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FL the tal by (2) here to ph	
	Q 21D, TIME (Month) (Dov) (Year) (Hour) 21E, INILIRY OCCURRED 21E, HOW DID INILIRY OCCUR?
oved e hos r natu cept nd (6)	(APPROX.) While At Not While At Work
T S S S S S S S S S S S S S S S S S S S	22. I certify that (I) (this haspital) attended the deceased from 1965 to 1965
to to to to for all (ed); (h);	
W 0 0 -	
must be released accident a hospit r to deat	The Man I would be a second of the second of
a release	23C: PHYSICIAN S Phys. Director Phys. Phys. Director Phys. Phys. Director Phys. Ph
was r An a	23C. PHYSICIAN'S NAME (Type) M.D. 23D. ADDRESS
-	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of County) (Stote)
F-1000 -	BURIAL 9-18-65 COLESON CEM, WHITESBURG SENTUCKY
This certif the body shows: (1) was D.O.(1) deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
下士 は 3 点 3	SEP 20 1965 Robert E. tarbertia Colonta MOQ -2334 Jefferson &





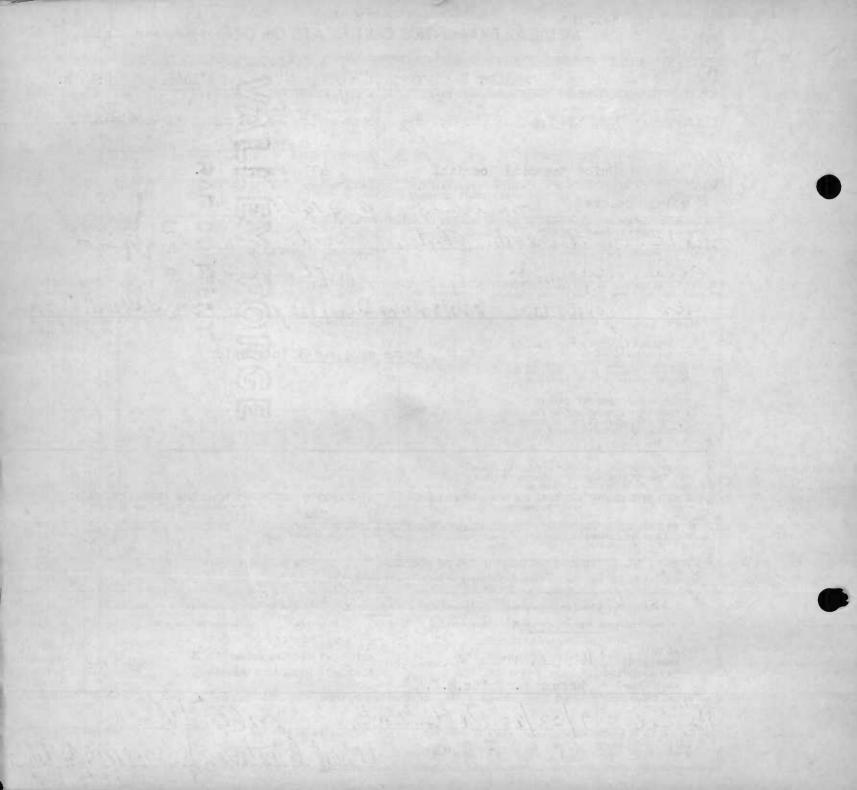
24C. FUNERAL DIRECTOR

248 NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEFT.

VS 151-REV. 1/1/65

ADDRESS



Type or Pri	OF DECEASED WAS KATHE OF DEATH IN BALTIMORE, MAR AME OF ALL OR Oddress or locotion TION West 347K	YLAND or institution, give street	2. DATE AN 4. USUAL RESIDENCE (When A. STATE B. COUN C. CITY OR TOWN (If out D. STREET ADDRESS (IF	re deceased lived. If institution in the restriction is a second lived. If institution is a second lived. If institution is a second lived. It is a second	3-86 Al and give township) 4 SF
F	W	WIDOWED, DIVORCED (specify)	7-5-1906	last birthdoy) M	Under 1 Yr. II Under 24 Hrs onths Doys Hours Min.
done during	most of working lile, even if retired)	10B, KIND OF BUSINESS OR INDUSTI	Cockeysuil	/c Md.	WHAT COUNTRY?
3. FATHER		lliam s	Ida Flu	zebeth W	", I liams
5. Was De Yes, no or u	iceosed Ever in U. S. Armed Forc nknown) (If yes, give wor or dates	16. SOCIAL SECURITY NO. 216-36-644	17. INFORMANT 3 M. EARL	4EAPS	ADDRESS
18.4	5-0.01	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRI	(A)	engestive H	leart Failur	e 8 mo.
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T 4 C	CATHERINE VIRGINIA STONE	SEPTEMBER 14,	1965 4:55P M.
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<u> </u>		MARYLAND	(i /
hospi use o ; (5) D dance	FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR oddress or location)		
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- 55 5 6	ST. AGNES HOSPITAL	D. STREET ADDRESS (If rurol, give focotion)	
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if d rect (4) U war the			
	JOHN Earhardt	SMITH, Cenna	
Z	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT AVENU	F ADDRESS
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= 0 0 m + 0	23C. PHYSICIAN'S	23D. ADDRESS	A A Comment
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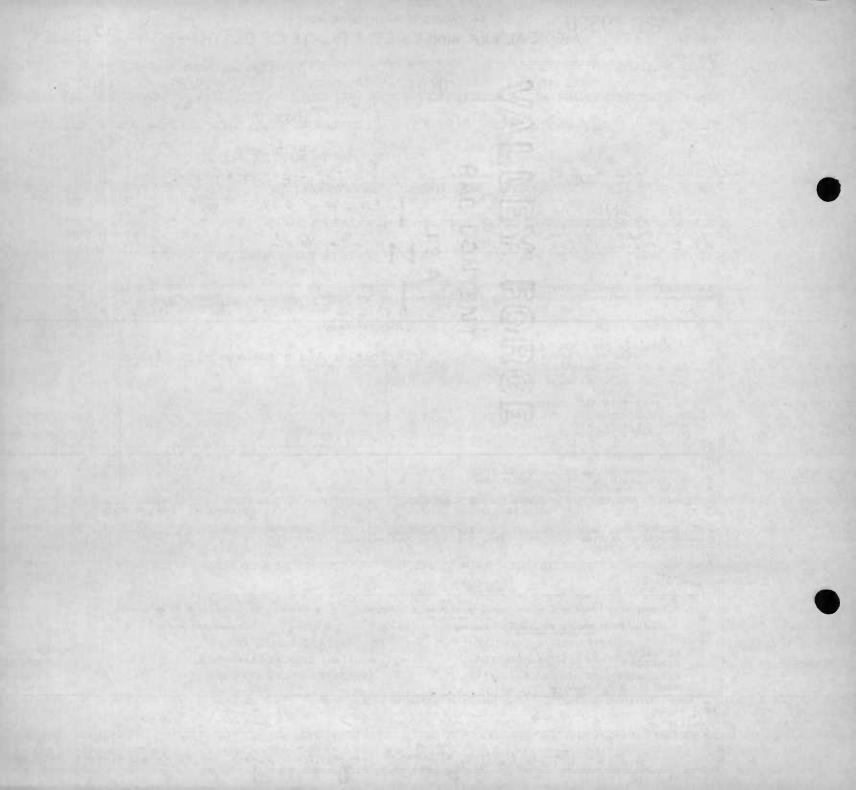
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Registered No. CERTIFICATE OF DEATH BIRTH NO. of death Deceased M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) E O hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where A. STATE B. COUNTY attendance cause; (5) cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN 10 INSTITUTION Memorial Noup prior contributing rurol, give location) Charles 3 2 final disposition is made. (4) Undetermined in regular 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthday 12/20/17 William (Serari 16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) eath done during most of working lite, even if retired) Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME IMPORTANT death 0 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance any pronounced CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, regular DIRECTOR: injury or camplication which caused death.) who ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains chief medical Was burns; FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. physician 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF °Z hospital DEATH (notify medical examiner) any nature; 21D. TIME OF INJURY obtained (Hour) (Month) (Doy) (Year) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not While While_At (APPROXI) Work and 9/12/65 22. I certify that (1) (this hospital) attended the deceased from 19 9/16/65 that (1) (we) lost saw the deceased alive an. hospital eath) and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE O Attending Phys. M.D. Med. Director Stoff 9 Phys. approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior ģ NAME (Type) WALTER O. BOONE 24A. BURIAL CREMATION, 24B. DATE OF CREMATORY 0.0 REMOVAL (Specify) 25C. FUNERAL DIRECTOR

(If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? W.S. A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) deceased ADDRESS/ VS 150-REV. 1/1/65

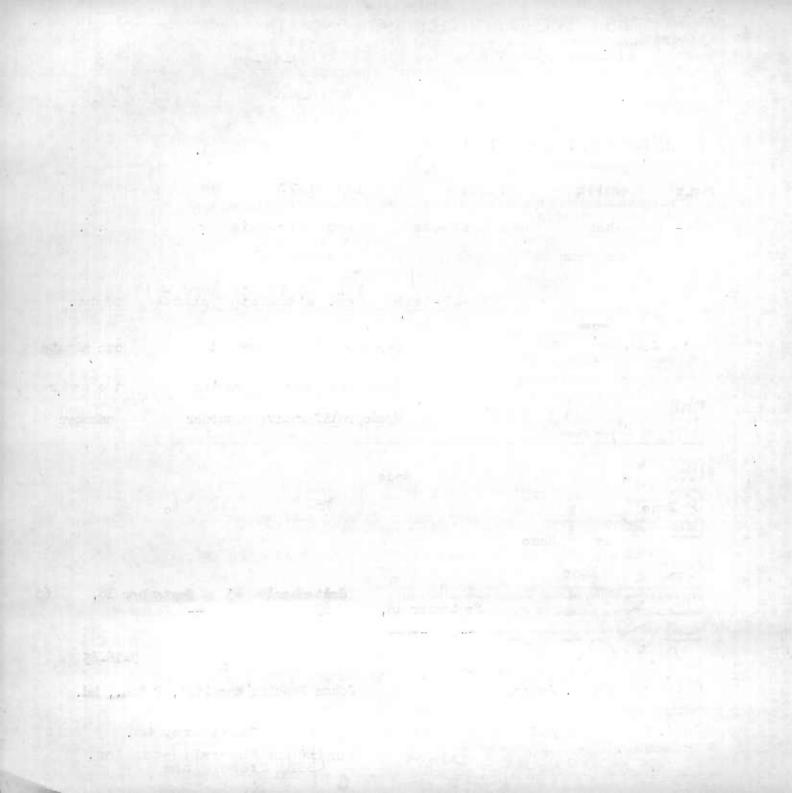
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				MARYLAND	NTY	1-11
HOSPITAL OR	OF (If not in hospital oddress or focotion	or institution,	give street		utside city limits, write R	URAL and give township)
INSTITUTION				BALTIMORE	olside only minis, while it	URAL and give township)
3 јон	NS HOPKINS	HOSPI	TAL	D. STREET ADDRESS (1)	f rurol, give location)	
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3. FATHER'S NA				14. MOTHER'S MAIDEN NA		
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18,	2021	2.1		OF DEATH	eth lulace	dght.
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rise to 1h	e abave cause (A)		(C) My e	eloproliferative	disorder	unknown
UNDERLYIN	G CONDITION last.					
Z OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTION	c			
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	1 NO. 65 9593 C	ERTIFICATE OF DEATH Registered No. —	60 905
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3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before
FU	ULL NAME OF (If not in hospital or institution, give stree	A. STATE B. COUNTY M. B. R. G. J. A. N. D.	1-01
IN	OSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RU	RAL and give hownship
10	MARYLAND GEN. HO	D. STREET ADDRESS (If rurol, give location)	
C)		427 N. LINGOOD	
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	2	ANNA -?	
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h	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Ch. Clared	124
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	BURIAL CREMATION, 248, DATE 24C. NAME of (REMOVAL (Specify)		town, or county)
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BALTIMORE CITY HEALTH DEPARTMENT

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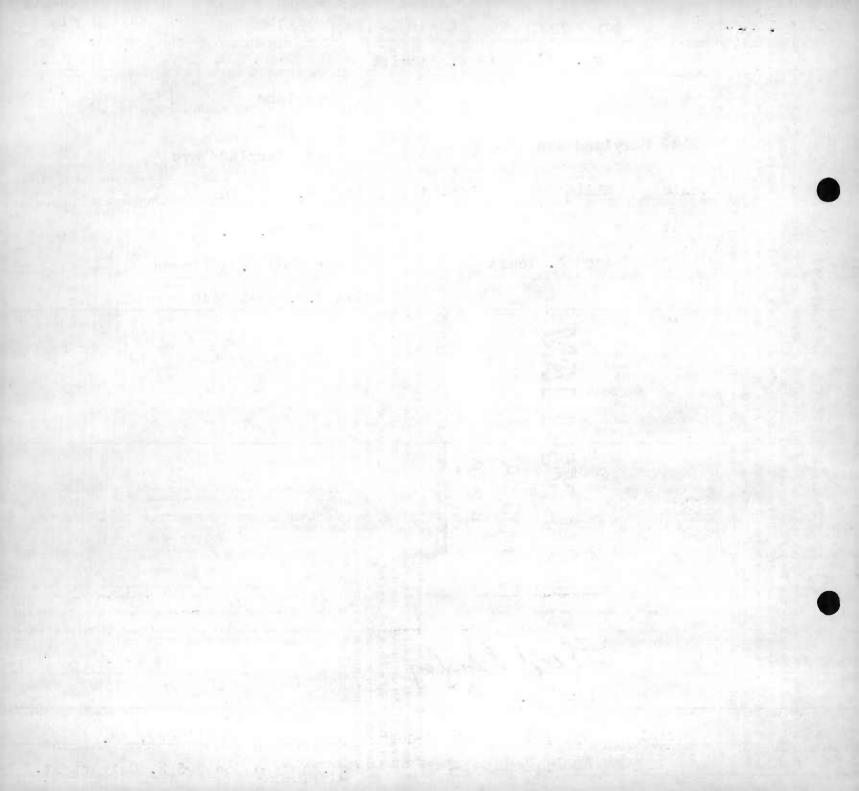
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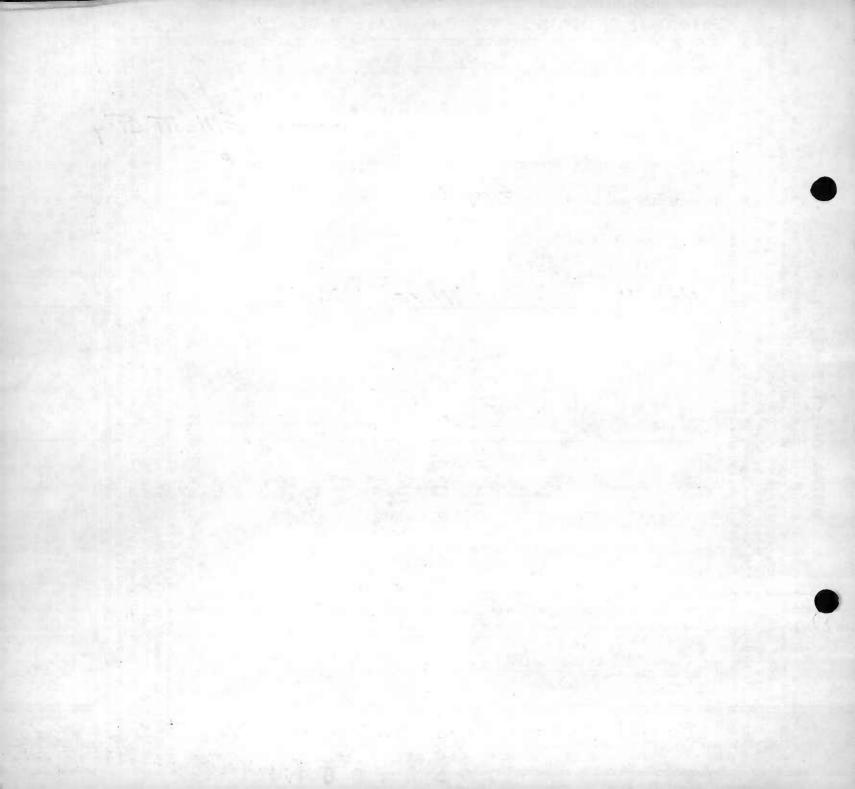
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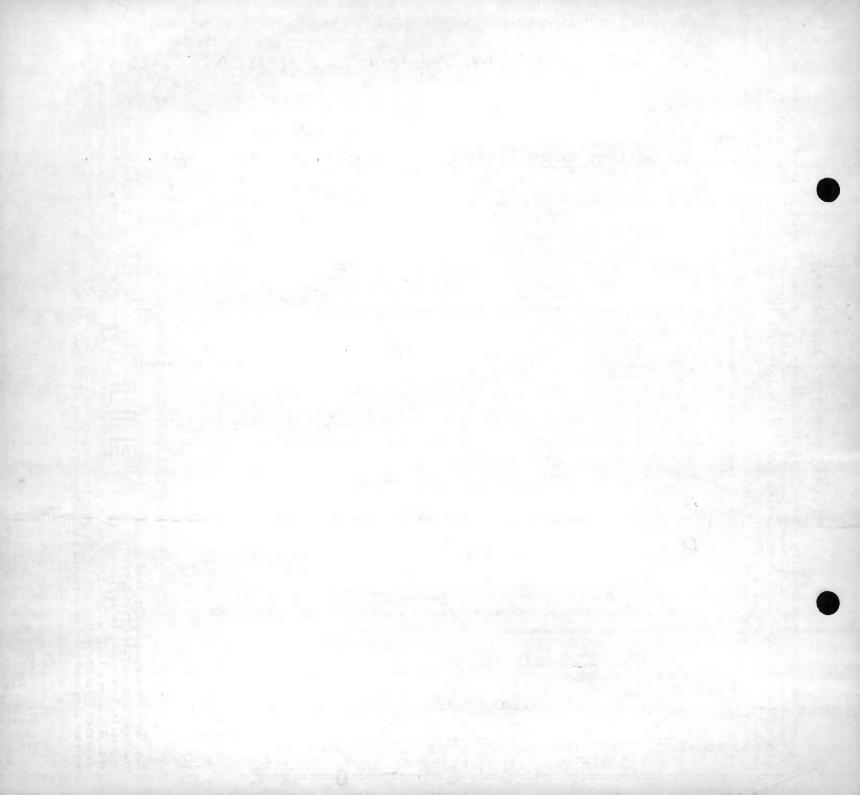
1-620 00 0000	BALTIMORE CIT	Y HEALTH DEPARTMENT		05
BIRTH NO. 65 9596	CERTIFICA	ATE OF DEATH	Registered No.	65 9596
M.E. CASE NO.	1 1	2, DATE	AND HOUR OF DEATH	
Type or Print PINACK, George	rap Michael	Sr	9/16/65	8:43A
PLACE OF DEATH IN BALTIMORE, MARYLA	WID WID	4. USUAL RESIDENCE (W		titution: residence before admission)
		A. STATE B. COL	/	1-3
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	stitution, give street	C CITY OPPOWN (II		
INSTITUTION		C. CITY DEPTONN	outside city limits, write RI	JKAL and give fownship!
-1 C M	1/1/1/1	Lssex (21)	ig igral, give locotion)	acceptation as
The Union Memor	121 /tosp//2/	1000 Mid	Ilahau.	L lord
		1708/110	arebourg	n Load
SEX 1 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (*pecify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Male While	Married	5-1-20	45	
A, USUAL OCCUPATION (Give kind of work) 10 B. one during most of working life, even if refired)	KIND'OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Sitter	Can Company	Pennsal	1/24/2	American
FATHER'S NAME	an company	14. MOTHER'S MAIDEN N		METTERN
The Disk				
JOHN PIPOCK	12 (22 2)	SUSAN		ADDRESS
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0.	ADDRESS
Yes WWll	199-01-8780	Mrs. Roseman	y livock	Same as abou
18. 202. / 1		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY	0 11		ONSET AND DEATH
LEADING TO DEATH	(A)	tum/hom	a_{i}	
(This does not meon the mode of dy		// / /		.aa cet - e aas a aas ah aa aa aa a dhaan ah aa aa ah aa ah aa ah ah ah ah ah ah
heart failure, asthenia, etc. It means the injury or complication which caused dec				
ANTECEDENT CAUSES	(B)		00 white 0 0 400 iris 0 0 400 min 0 x 0 0 0 0 0 0 min delimbre 0 0 4	10 10 10 10 10 10 10 10 10 10 10 10 10 1
DISEASES OR CONDITIONS, if ony,	DUE TO			
rise to the obove cause (A) sto	-			
UNDERLYING CONDITION lost.				
- 11				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
		yes		Ves
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street,	in or about Inc. WHERE DID office bidg., INJURY OCCUR?	(It in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (H	our 21E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX)	While At Not W			
	Work At Wo	0		4 - 11
22. I certify that (this hospital) of	tended the deceased from	/		9-16 19 63
that (we) lost sow the deceased o	live on 9-1	6 19 6) ond	that in 🚮 (our) opin	ian deoth occurred an the dot
and hour and from the couses stated	obove. (We) (did) (did)	view the body after death	1.	
23A. SIGNATURE	1		3-3-	23B. DATE SIGNED
A Colina	M.D. A	Hending Med.	Stoff	9/11/65
23C. PHYSICIAN'S		hys. Director 23D. ADDRESS	Phy s.	111010
NAME (Type)		-1 01	M	1 1 1
	IR. M.C	The Unic	in pleasors	x / stospilai
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C	CREMATORY 24D.	LOCATION (City	r, lown, or county) (Stote)
Burial 9/20/65	Sagned Haant -4	Toons Count	D 71.	
	NAME OF REGISTRAR	Jesus Cemetery	Baltimore (Veryland
SEP 20 1965 A h	B. C. Fr. O. M.	Converce.	The same	THOO Front
1000	TO CI TOWN	Bruzdzinski	Tuneral Home	1407 Eastern Ave.
S 150-REV. 1/1/6S	-	17/ - 1	76	

Vija mil and

65-2294V BIRTH NO. 05 0500	CERTIFICA	TE OF DEATH Registered No	65 9597
M.E. CASE NO.	CLINTITIO	2. DATE AND HOUR OF DEAT	н
Type or Print) Broke Barr St	0011	9-15-65	950 A
PLACE OF DEATH IN SALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, th	institution: residence before admission
		A. STATE B. COUNTY	u nad.
FULL NAME OF (II not in hospital or institution oddress or location)	n, give street	C. CITY OR TOWN (If outside city limits, write	e RURAL and give township)
INSTITUTION .	n	Baltimore Ellica	TI PITU (30
Capiversity Hos	/	D. STREET ADDRESS (Il rurol, give locotion)	
		109 mainest.	
	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Mala	Males.	9-14-65	5 6
DA, USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRYS
one during most of working the, even it reflect		Maryland	(15H
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1
Farmer Star	011	Mari Chal	ton
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service	- 1	Class	
110	NONE.	DF DEATH	INTERVAL BETWEEN
18.762,57	CAUSE	DE DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Palmonary atelectas	15
(This does not mean the made of dying, e.		1 417,07.019 01,0 00,00	
heart loiture, asthenia, etc. It means the disea injury or complication which coused death.)	se,	To I to	
ANTECEDENT CAUSES	(B)	1 mmaTurily	
DISEASES OR CONDITIONS, if any, givi	DUE TO		
rise to the above cause (A) stating t	he (C)		anana mmaa v eesti vaai vii vii-aysi 4 + 0000 0 000 000 000 000 000 000 000
ONDERCTING CONDITION (US),			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING		
TO THE DEATH BUT NOT RELATED TO	THE		
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION		E FINDINGS CONSIDERED
		NO	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, factory, street, c etc.)	in or about 21 C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	nore City, give exact locations
	TE INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
	While At Not Whi		
			9-15-19 4
22. I certify that (I) (this hospital) attende		9 - 19 45 10	
that (I) (we) last saw the deceased alive a		19 (e) and that in (my) (aur) o	pinian death accurred an the
and haur and from the causes stated above	(I) (We) (did) (did not)	view the body ofter death.	DATE SIGNED
23A. SIGNATURE Carlie Htr	am. U. M.D. Att	tending Med. Stoff Phys. Phys.	23B. DATE SIGNED 9-15-45
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	lson
	M.D.	41110013[10]	1021.
4A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY or CE		(City, td/vn, or county) (State
BURIA 9-16-65	Good St.	Frand Ellicoll	Ely Myd
SA. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	J. C. High bothon	FILCOTT 10
SEP 20 1965 Robert	E, Farber M.A.	1. G. Higen bollon	pad
'S 150-REV. 1/1/65	1 0 4 6	0 1/:	



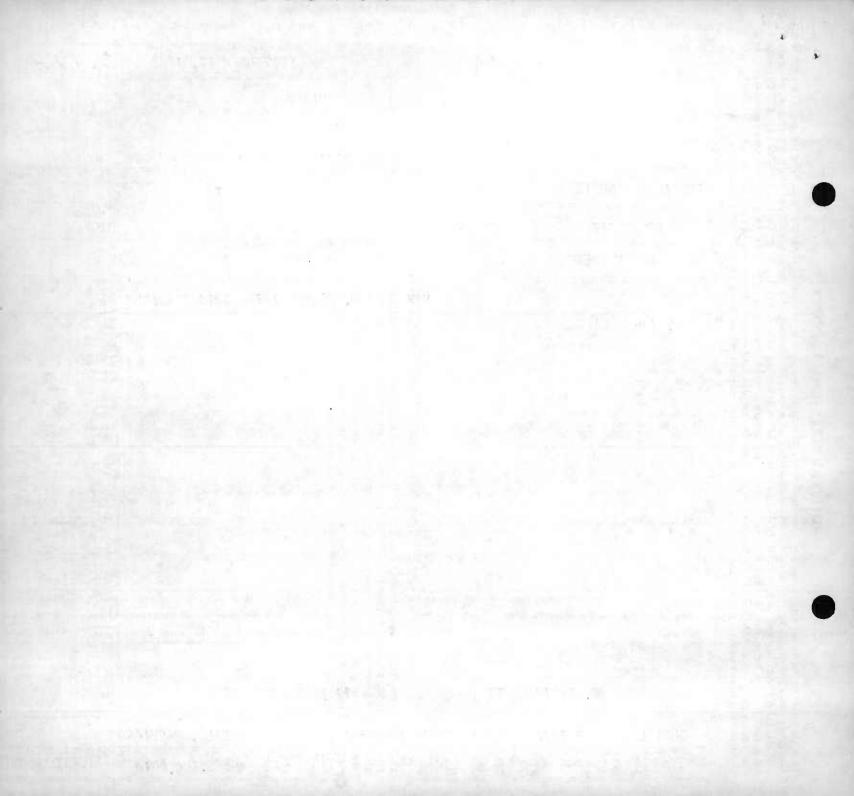
BALTIMORE CITY HEALTH DEPARTMENT



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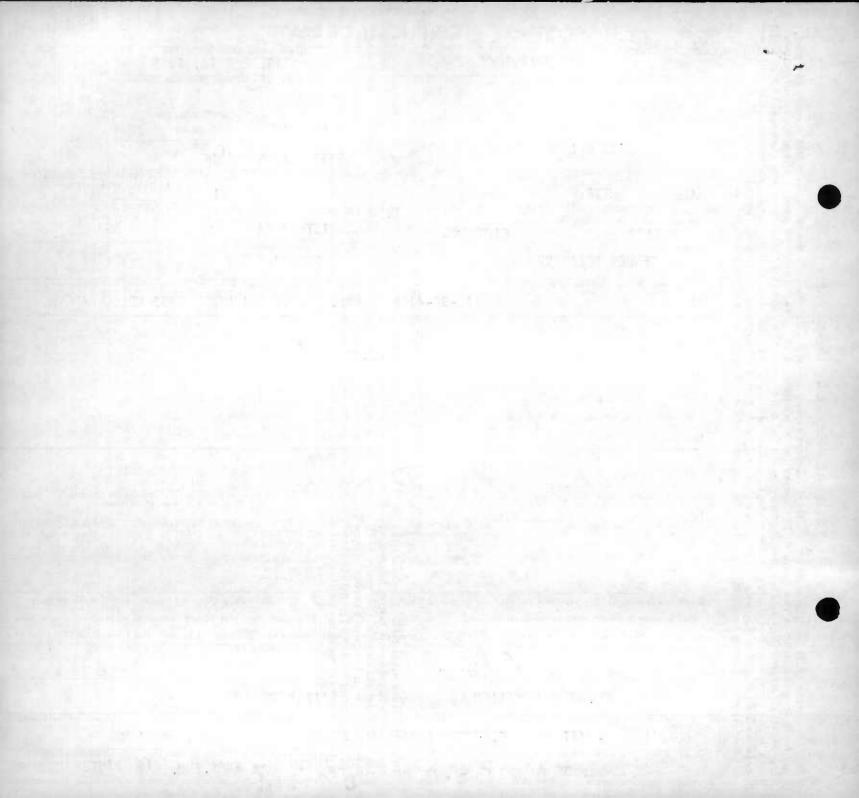
DIRECTOR:

FUNERAL



IMPORTANT

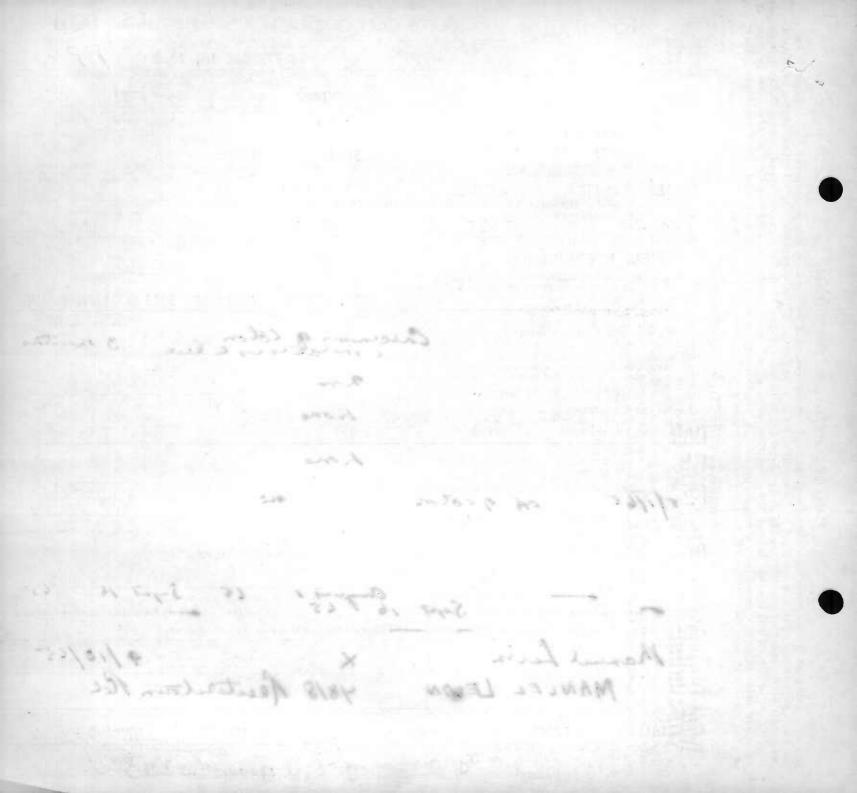
FUNERAL DIRECTOR:



IMPORTANT

DIRECTOR:

FUNERAL



			6	TE OF DEATH	Registered Na.	65 9602
BIRT	60-139165 9602		CERTIFICA	IL OI DEATH	A	
	AME OF DECEASED				D HOUR OF DEATH	1
	e or Print) LIC (14 - GAI	ey	FEUNER			
3. P	LACE OF DEATH IN BALTIMORE MARY	LAND	FEUNER	4. USUAL RESIDENCE (When	16-65	institution residence before admissi
				A, STATE B. COUN	m	anuland
	ULL NAME OF (If not in hospital or	institution	, give street	Walter Ribler	lace parti	uk buye
	OSPITAL OR oddiess or location) NSTITUTION			C. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
-				Baltemore		Ballet-
1	SINAI HOSI	ITAL		D. STREET ADDRESS	rurol, give location)	52-00
				4313 Daulo	w Bring.	# 7
5. S	EX 6. RACE 7		D, NEVER MARRIED ED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. , If Under 24 Months: Days Hours Mir
	MALE WHITE		VER MARRIED	T- 20 - 60	5	
	USUAL OCCUPATION (Give kind of work)	OB. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF
done	during most at working life, even if retired)			M a- 10.0	But	WHAT COUNTRY?
12 1	NONE -		NONE	Marylank 14. MOTHER'S MAIDEN NAM	DALLIMORE	
100 1	FATHER'S NAME	- 11				
	Herbert We	inne	V	SMITH.	BESSIE	
15. V	Vas Deceased Ever in U. S. Armed Force, no or unknown) (II yes, give war ar dates	s?	1 6. SOCIAL	17. INFORMANT		ADDRESS
,		OI SELAICE!		Father		Carre -
_	NO 1		NONE	E DEATH		INTERVAL BETWEEN
	73.7		CAUSE	5 Tumor	-	ONSET AND DEATH
1	DISEASE OR CONDITION DIRE	CTLY	CN	5 / leinor	2	
	LEADING TO DEATH		(A)	widesmead	metacto	ise 3/2 4/2
	(This does not mean the made al					9
	heart lailure, asthenia, etc. It means the					
			θ,			
	injury ar complication which caused d		(8)			
	ANTECEDENT CAUSES	leath.)	(B)	••••••••••••••••••••••••••••••		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il are	leath.) ny, givin	(8)			
	ANTECEDENT CAUSES	leath.) ny, givin	(8)			•
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NC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il arrise to the above cause (A) s	leath.) ny, giving stating (h	(8) DUE TO 9 e (C)			•
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il arrise la the abave cause (A) s UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI	ny, giving the state of the sta	(8)			•
ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il arrise la the abave cause (A) s UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.	ny, giving the stating the NTRIBUTI!	(B) DUE TO G e (C)			
TIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il arrise la the abave cause (A) s UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.	ny, giving the stating the NTRIBUTILED TO T	(8)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL C	Injury or complication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, il or rise to the above cause (A) sunderLying Condition last. Il OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIONS SEASON CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines) 21D. TIME (Manth) (Day) (Year) OF INJURY	NTRIBUTII ED TO T THON FOR PRMED	GE INJURY OCCURRED (8) DUE TO (C) NG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in the control of the	n ai about 21C, WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL C	Injury or complication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, il are rise to the above cause (A) sunderlying CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIONS ELECTRON LOSS CONDITION CAUSING IT. 19A. DATE OF OPERATION LYBIC CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	NTRIBUTII ED TO T TON FOR RMED (Hour) 21 W wattended	(8) DUE TO g e (C) NG HE WHICH OPERATION 18. PLACE OF INJURY (e.g., independent of the control of the contr	20A. AUTOPSY? (Yes or No Tice n at about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
MEDICAL C	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il and its to the above cause (A) is underlying Condition last. Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Manth) (Day) (Year) Contribution (Approx.)	NTRIBUTING TO	(8) DUE TO Ge (C) NG THE WHICH OPERATION IB, PLACE OF INJURY (e.g., instead of the control o	20 A. AUTOPSY? (Yes or No Tipe n at about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19 6 0 and the	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
MEDICAL C	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il are rise to the above cause (A) sunderlying CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIONS ELATIONS OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital) that (1) (we) last saw the deceased and haur and from the causes states	NTRIBUTING TO	(8) DUE TO Ge (C) NG THE WHICH OPERATION IB, PLACE OF INJURY (e.g., instead of the control o	20 A. AUTOPSY? (Yes or No Tipe n at about 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19 6 0 and the	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location)
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MEDICAL C	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il are rise to the above cause (A) sunderlying CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIONS ELATIONS OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital) that (1) (we) last saw the deceased and haur and from the causes states	NTRIBUTING TO	(8) DUE TO G e (C) NG HE WHICH OPERATION IB. PLACE OF INJURY (e.g., imme, larm, loctory, street, oc.) E. INJURY OCCURRED // hile At	20A. AUTOPSY? (Yes or No 10 n at about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY 19 and the view the bady after death. Pending Med. Director	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location)
MEDICAL C	Injury or complication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if are rise to the above cause (A) sunderlying CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIONS ELATIONS OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that HY (this haspital) that HY (we) last saw the deceased and haur and from the causes states and haur and from the causes and haur and from the cause and haur and from the	NTRIBUTII ED TO T THON FOR RMED (Hour) 21 W W attended alive an	(8) DUE TO Ge (C) NG HE WHICH OPERATION (B. PLACE OF INJURY (e.g., imme, larm, lactory, street, oc.) E. INJURY OCCURRED While At Not Whith At Work the deceased from	20A. AUTOPSY? (Yes or No The n at about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJule 19 and the view the bady after death.	20B. IF YES, WERE IN CERTIFYING C (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location)
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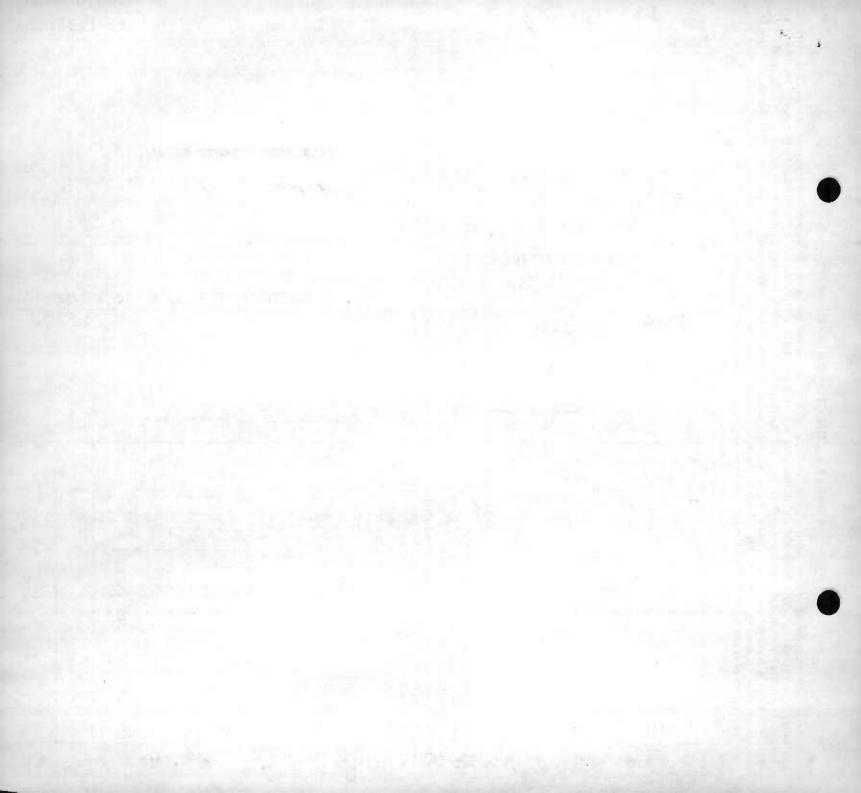
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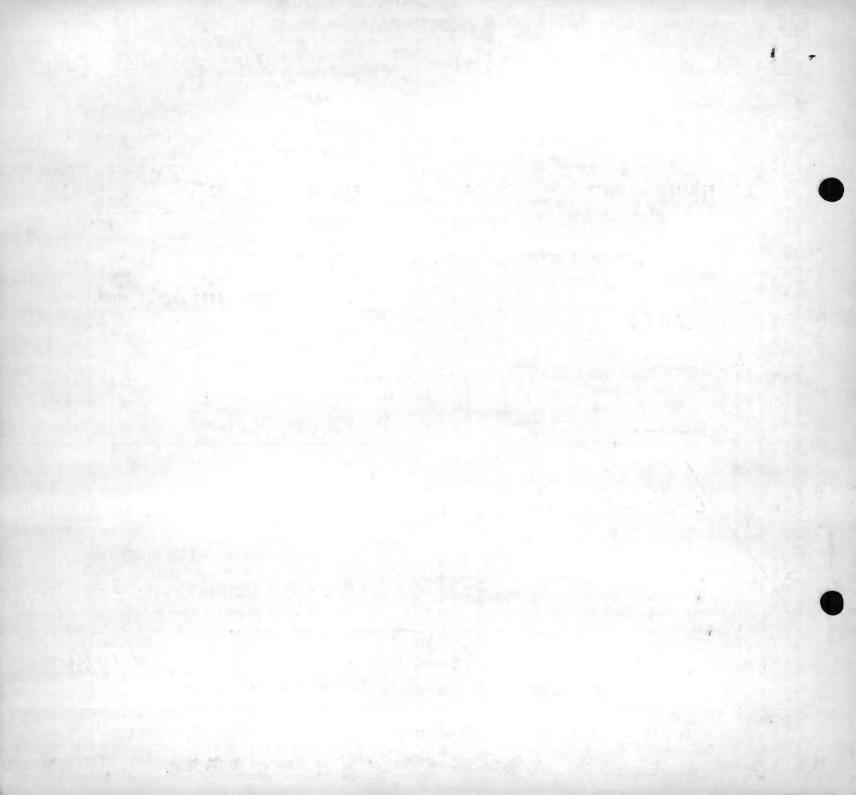


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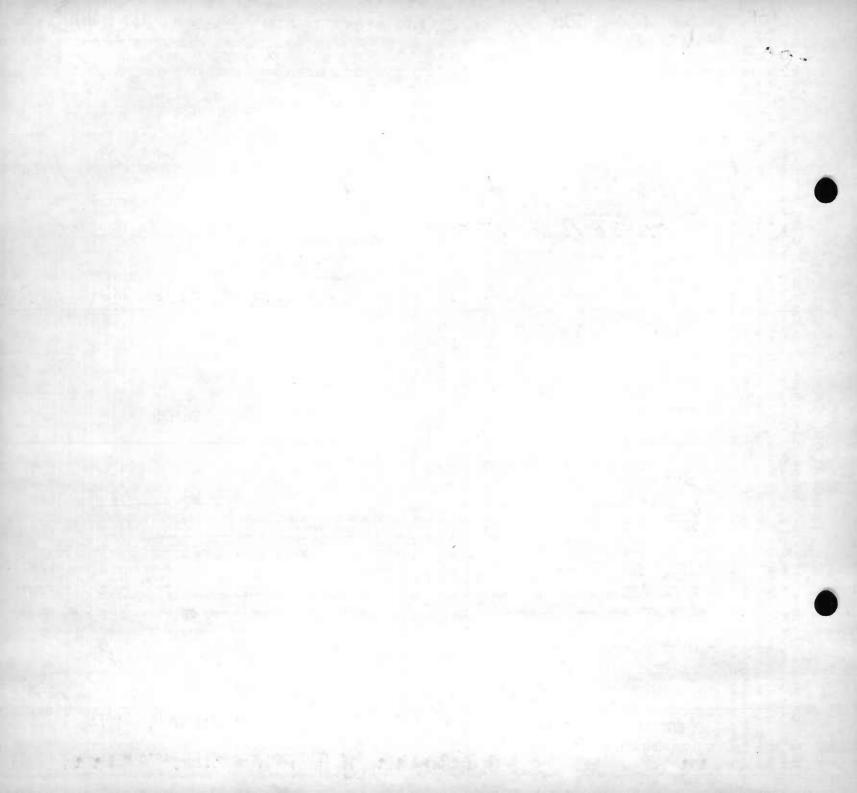
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



VS 150-REV, 1/1/65



E CASE NO.						
NAME OF DE	CEASED	CHARLES	McGILL	2. DATE	9/18/65	2:40 a.
PLACE IN BAL	TIMORE MARYLAN			4. USUAL RESIDENCE (W)	nere deceased lived. If in	stitution: residence before admissio
LL NAME OF	(IF NOT IN H	OSPITAL OR INS	STITUTION, GIVE STREET	Maryia	and	ite RURAL and give township)
SPITAL OR TITUTION	ADDRESS OR	LOCATION)				T-1
				D. STREET ADDRESS (If r		1300
	Prov	ident Hos	anital		Mount St.	
EX	6. RACE	7. MARR	IED, NEVER MARRIED D, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years	Months, Doys, Hours, Min.
male	colored	Nev	er Married	May 20, 19	35 30	
	UPATION (Give kind warking lite, even if re		OF BUSINESS OR INDUSTR	S. C.	areign cauntry)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
4.6	George Me				Grahm	
WAS DECEAS	ED EVER IN U.S. A	RMED FORCES? or dates of servi	SECURITY NO	17. INFORMANT		ADDRESS
NO			213 32 8919	Eloise Mc	3111 1320	Mount St.
18.	9911	6.51	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITIO	N DIRECTLY				
	LEADING TO D		Ret.ro	peritoneal hem	orrhage	100
(This daes	nat mean the ma	de of dying, e		201 2 00110 012		
heart toilure			DUE TO			
injury or co	e, asthenia, etc. It emplication which co	means the disea	se, DUE TO			
injury or co	omplication which co	means the disea oused death.)	sē,			
injury or co	ANTECENDENT C	means the disea oused death.)	Gunsh	ot wound of ab	domen	
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Rever Married May 20, 1935

George Modill

Bloice Grahm CLI 32 8915 Bloise Medill 1320 Vount GE.

H NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register
L CASE NO.	

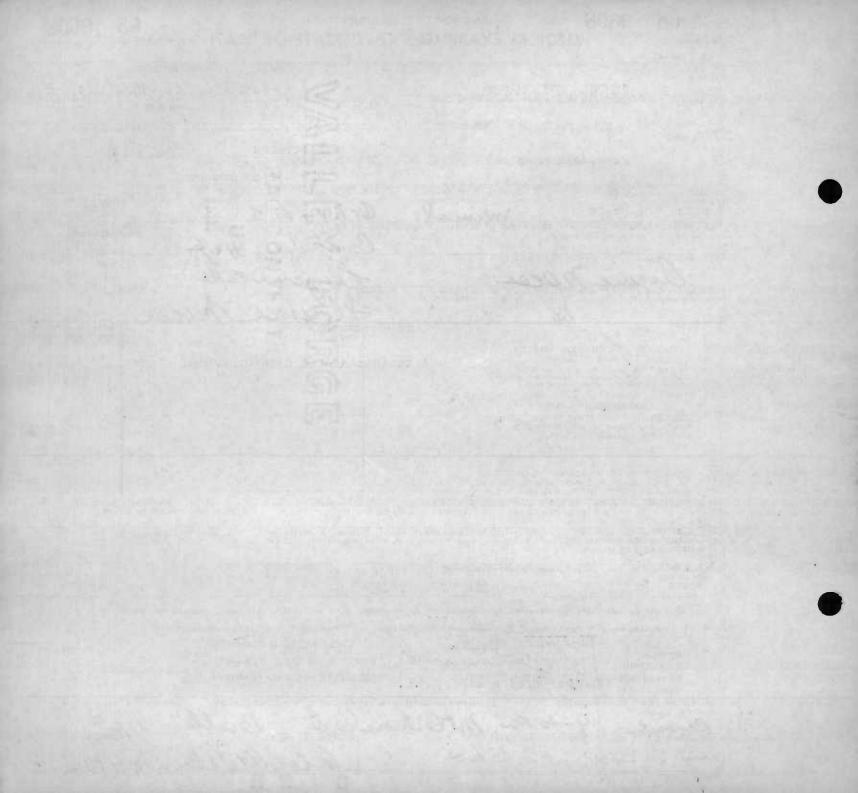
1 - N	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
11 000	1. NAME OF DECEASED (Type or Print) ALEXANDER KEYS	9/18/65 6:40 a.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	INSTITUTION	Baltimore 1001
4	Gt 7 2 W 24-2	D. STREET ADDRESS (If rurol, give locotion) 1205 Wilcox St.
	St. Joseph Hospital 5. SEX 6. RACE 17. MARRIED, NEVER MARRIED	12U) WIICOX DC.
	male colored WIDOWED, DIVORCED(specify)	Jan. 15, 1904 lost biptoy
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	
		Va. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no grunknown) (III yes, give wor or dotes of service) 218-03-40:	12 Francis Keys 1205 Wilcox St.
	IB. ZZ	SE OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not meon the mode of dying e.g., heart loilure, astherno, etc. It means the disease,	riosclerotic cardiovascular disease
	head failure asthenia etc. It means the disease.	
	injury or complication which coused death.)	
	injury or complication which caused death.) ANTECENDENT CAUSES	
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	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED (APPROX.) 22.	IN CERTIFYING CAUSES OF DEATH? IN OF OBOUT 21C. WHERE DID (II in Boltimore City, give exact location) Office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
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	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED VINDERLYING OR CONTRIB-UTING CAUSE WAS PERFORMED 21A. EXTERNAL CAUSE WAS PERFORMED VINDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WORK APPROX.) 1 Certify that I held an Inquiry Inspection Accident Suice Suice Accident Suice	IN CERTIFYING CAUSES OF DEATH? In, in or obout 21C, WHERE DID office bldg, INJURY OCCUR? D 21F. HOW DID INJURY OCCUR? T WHILE WORK and that an this basis, death in my opinion Ide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
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	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 122. I certify that I held an Inquiry Inspection AT 123. I certify that I held an Inquiry Inspection AT 124. SIGNATURE EXAMINER'S WETNER U. Spitz, M.D.	IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact locotion) 21F. HOW DID INJURY OCCUR? TWHILE WORK Outapsy and that an this basis, death in my opinion Ide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRET OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection WHILE AT NO WORK ACTUAL SIGNATURE EXAMINER'S Werner U. Spiltz, M.D. ACTUAL SIGNATURE EXAMINER'S Werner U. Spiltz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME & CEMETERN CEMETERN 10 10 11 11 12 12 13 14 15 16 17 17 17 18 18 18 18 18 18 18	IN CERTIFYING CAUSES OF DEATH? IN CONTROL OF DEATH? II IN Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? TWHILE WORK IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exact location) AND CONTROL OCCUR? TWHILE WORK IN CERTIFYING CAUSES OF DEATH? ON CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH? ON CERTIFYING CAUSES OF DEATH? ON CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH? ON CERTIFYING CAUSES OF DEATH. ON CERTIFYI
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 122. I certify that I held an Inquiry Inspection AT REMOVAL (Signature EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME & CEMETER'S REMOVAL (Snecify)	IN CERTIFYING CAUSES OF DEATH? IN CONTROL OF COUNTY IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact locotion) 21F. HOW DID INJURY OCCUR? TWHILE Outopsy ond that an this basis, death in my opinion Ide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER (City, town, or county) (Stote)
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED V 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 1 Certify that I held an Inquiry Inspection A resulted from: Natural causes A Accident Suic ACTUAL SIGNATURE EXAMINER'S WORNEY ACCIDENT SUIC ACTUAL SIGNATURE EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME & CEMETERN CEMOVAL (Specify)	IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (II in Boltimore City, give exact location) In or obout 21C. WHERE DID (II in Boltimore City, give exact location) In or obout 21C. WHERE DID (II in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? TWHILE WORK In or obout 21C. WHERE DID (II in Boltimore City, give exact location) OCCUR? TWHILE WORK In or obout 21C. WHERE DID (II in Boltimore City, give exact location) OCCUR? TWHILE WORK OCCUR? ON OR OF CALL EXAMINER DID (II in Boltimore City, give exact location) OCCUR? TWHILE WORK OCCUR? OCCUR?

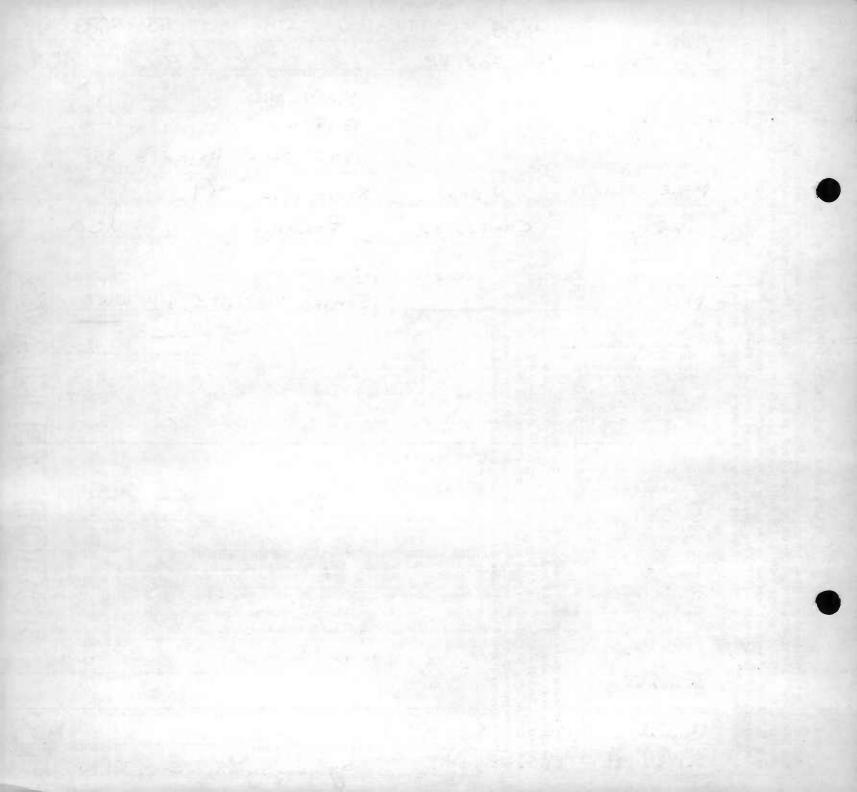
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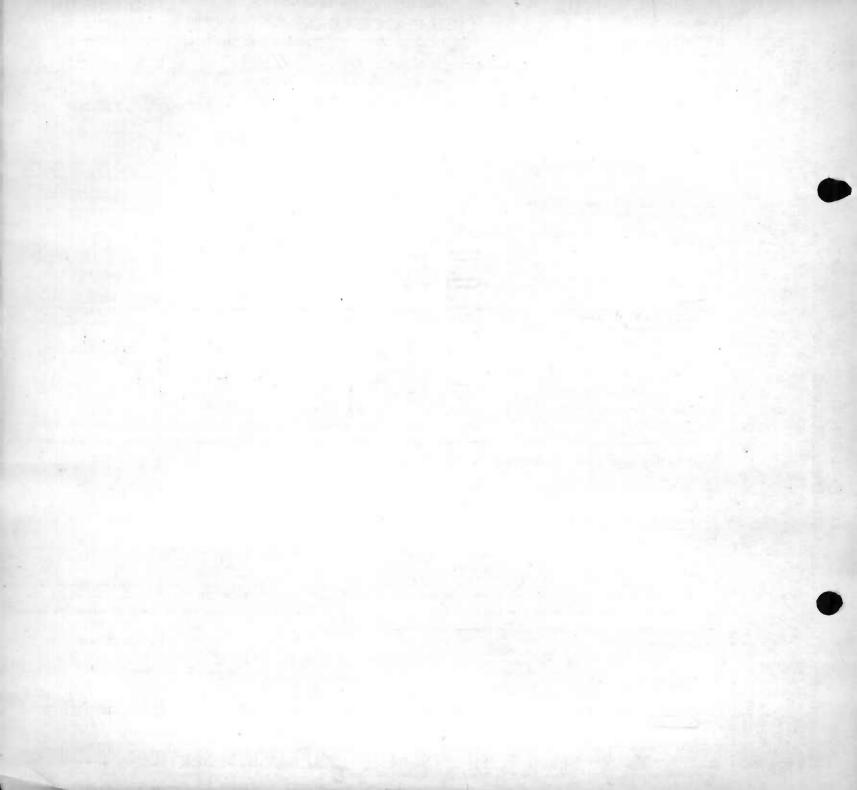
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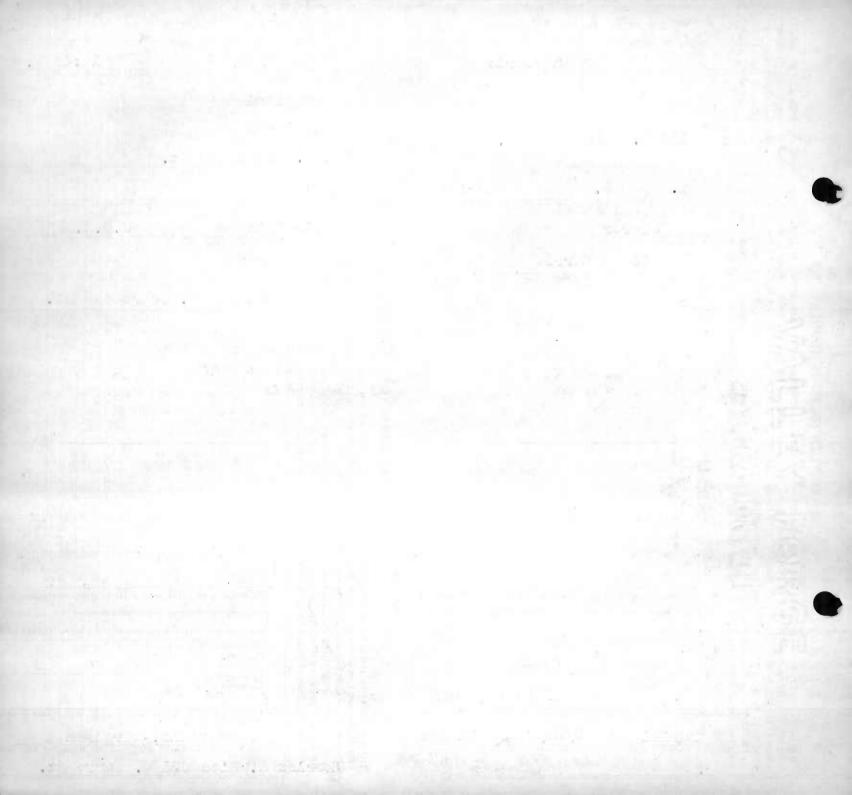
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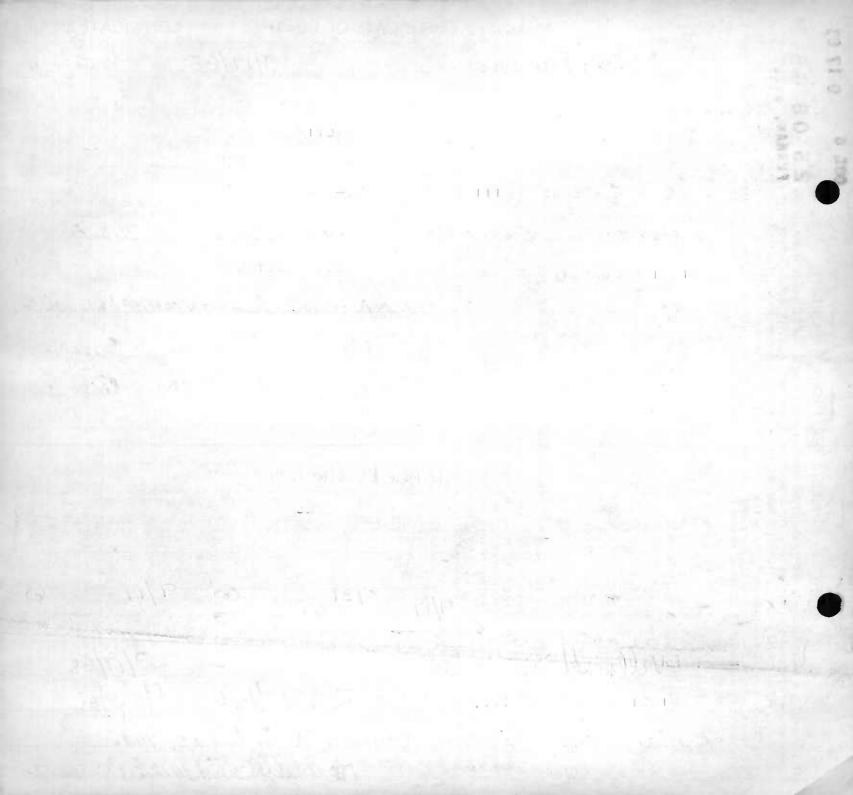
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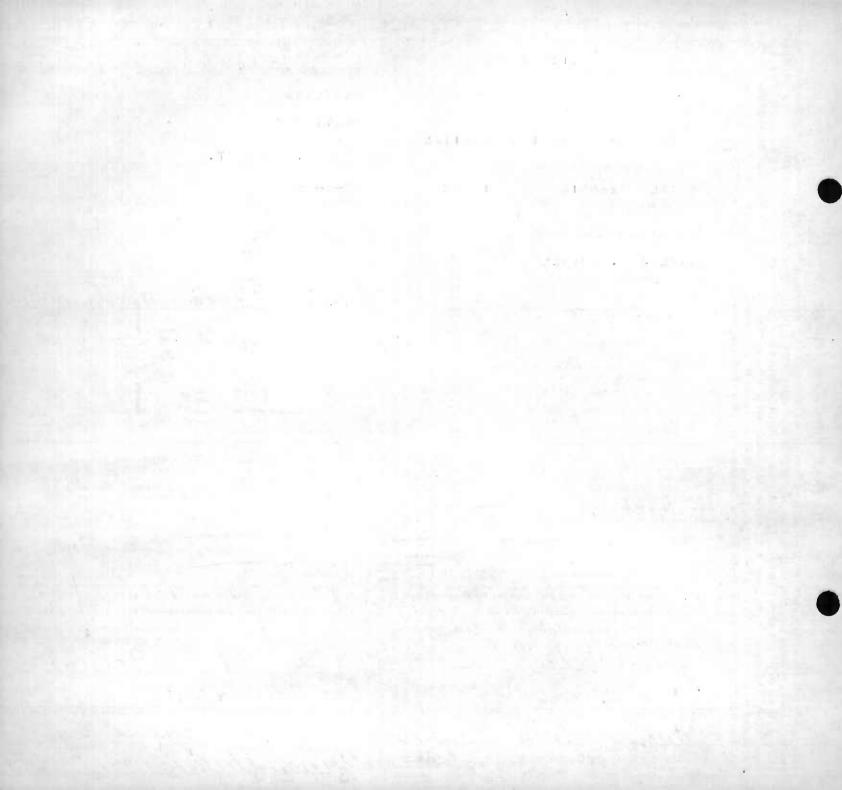
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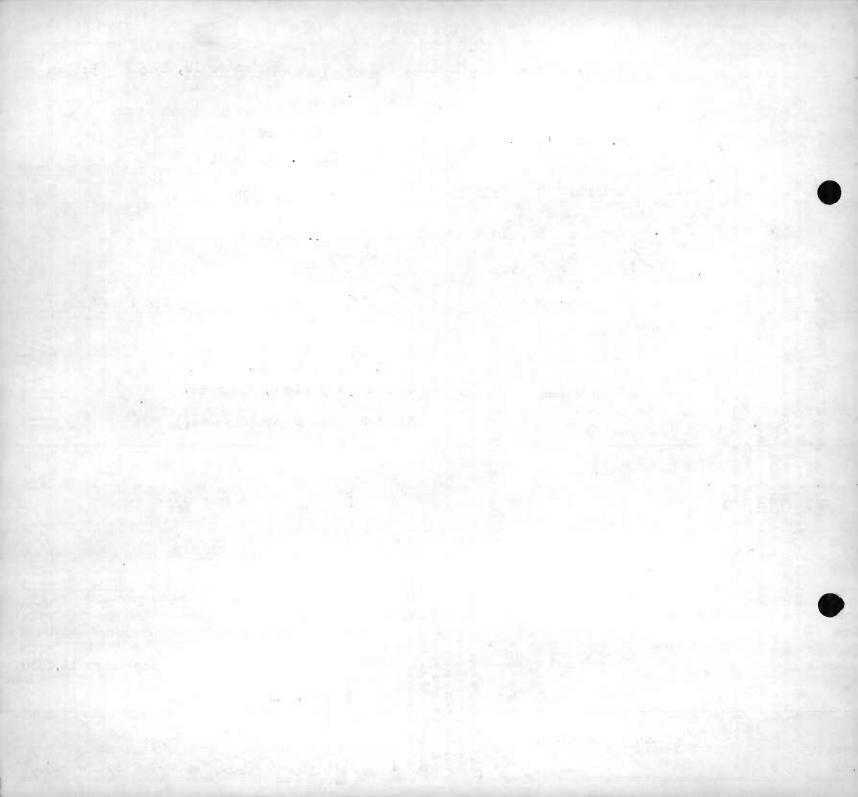
FUNERAL DIRECTOR: IMPORTANT

65	961	3 BALTIMORE CITY	HEALTH DEPA	ARTMENT		65 9613
BIRTH NO.		CERTIFICA	TE OF D	EATH	Registered N	0. 00 0010
M.E. CASE NO. 1. NAME OF DECEASED				2 DATE AND	HOUR OF DEA	TH
Type or Print) = NEALON=	SISTE	R BARBARA		SEPT.	. 17 196	5 1:10 F
3. PLACE OF DEATH IN BALTIMORE,			4. USUAL RES A. STATE MD	B. COUNT	deceosed lived. I	Il institution: residence before odm
FULL NAME OF HOSPITAL OR oddress or local INSTITUTION	tol of institution	n, give street	C. CITY OR TO		ide city limits, wii	ite RURAL and give township)
O ST AGNES HOSE	PITAL		D. STREET AD		orol, give location)	
			6420 I	leisters	town Roa	d, Baltimore 21:
F EMALE WHITE	WIDOW	D, NEVER MARRIED /ED, DIVORCED (specify) Married	August.	10	AGE (In years	If Under 1 Yr. If Under 1 Months Doys Hours
OA. USUAL OCCUPATION (Give kind of volume during most of working life, even if retire	vork 10B. KIND				n country)	12. CHIZEN OF WHAT COUNTRY?
SISTER	RI	ELIGIOUS	Nick	town, Pe	enna.	U.S.
3. FATHERS NAME			14. MOTHER'S	MAIDEN NAM	E	
Theodore No. 5. Was Deceased Ever in U. S. Armed	ealen Forces?	1 6. SOCIAL	Kathe:	rine Kir	rksch.	ADDRESS
Yes, no or unknown) (If yes, give wor or o					TAL CAT	ONE WILKENS AV
NO NO		NONE	DI AGNE	3 110371	TAL CAT	ONG WILKENS AV
18. / 9 2 7		CAUSE O	F DEATH	No.	ALCOHOL:	INTERVAL BETWEE
LEADING TO DEAT		(A) CO	croc	flone	a, ga	
heart failure, asthenia, etc. 11 med		g., DUE 10	0	0 1		
injury ar camplication which caus	sed death.)	1.0	111-	Talle	to-pa	ceby-
ANTECEDENT CAUS	SES	DUE TO				7
DISEASES OR CONDITIONS,	if any, givin		00000	in m	Theal	op/
rise to the above cause (A) stating t	he (C)	/cejes	76770	cece	
UNDERLYING CONDITION last.			0			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	ELATED TO					
		R WHICH OPERATION	20 A. AUTOP	SY? (Yes or No)		RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		11 B. PLACE OF INJURY (e.g., illinome, form, foctory, street, outc.)	n or about 21 C. V	VHERE DID RY OCCUR?	(If in Boltin	more City, give exact location)
21 D. TIME (Month) (Doy) (Ye	or) (Hour) 2	TE INJURY OCCURRED	21 F H	OW DID INJU	BY OCCUP?	
OF INJURY		While At Not While		OW DID INSO	KT OCCOR:	
(APPROX)		Work At Work				
22. I certify that (I) (this hospi	tal) attended	the deceased from J	ULY 13	10	65 to S	EPT. 17 19 6
that (1) (we) last saw the dece		CEDT	1719 65			
		* (000000000000000000000000000000000000			i intmy/ (our)	apinion death occurred on th
and how and fram the causes s	stated above.	(I) (We) (did) (did not) v	riew the bady	after death.		
23A. SIGNATURE	//				3 /	23B. DATE/SIGNED
villace	ey	M.D. Atte		Med. S	hys.	9/17/65
23C. PHYSICIAN'S			23D. ADDRESS			1//
MAME Type 1 11	1141	2111 -				
WATHEL. M.	MARKE	//. M.D.				
AA. BURIAL CREMATION, 24B. DATE	24C.	NAME of CEMETERY OF CR	MATORY	24D. LO	CATION	(City, town, or county) (S
	-21-65	SETON		642	O Reiste	rstown, Rd. 212
25A. DATE REC'D BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNER	AL DIRECTOR	2002000	ADDRESS
SEP 20 togs A a	43	e			on C = 1	
	A C2	000,000) Deckal	119 W	en 00. 1	08-N-North-Av-2
VS 150-REV. 1/1/65	The Car	renducai		the state of		

-6	2005		H NO. 65 9614 CERTIFICA	TE OF DEATH	Registered Na	65 9614				
al an	of deat Decease e on that ath. Suc	1.N.	CASE NO. AME OF DECEASED or Print) ALICE GROSS	2. DATE AP	D HOUR OF DEATH	420 pm				
9 (3)		ULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Whe A. STATE B. COUN	re deceased lived. If ins	stitution: residence before admission)					
a	cause; (tause) attenda	H	IOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (IF OU BALT I MORE	tside city limits, write R	URAL and give township)				
ed in	ing Captorio	3	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (IF	rural, give lacation) ST.					
occurr	trib min gul sed ma	5. SI	EMAEL 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8-5-92	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
ath o	deter in redecea		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRIBUTION of working life, even if refired)	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?				
if de	was was the		HARLES W. DUVALL	14. MOTHERS MAIDEN NA	ME 7					
sistant	kind; (death ce on inal dis	15, V	Vas Deceased Ever in U. S. Armed Forces? , na or unknown) (If yes, give wor ar dates of service) 16. SOCIAL SECURITY NO.	17. MFORMANT	1 1mo 1 8x 25	ADDRESS				
his as	of any of any unced tendan	П	DISEASE OR CONDITION DIRECTLY	OF DEATH	A bladle	INTERVAL BETWEEN ONSET AND DEATH				
ler or	er. Als cture o pronou lar att		(This does not meon the mode of dying, e.g., heart failure, osthenio, etc. II means the disease, injury or camplicolian which caused death.)							
Gmir	A fractory by the properties of the properties o		ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if ony, giving	***************************************	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
cal e	cal ex s; (3) cian v as in ains a		rise Ia the above cause (A) sloting the (C)UNDERLYING CONDITION lost.							
medi	nedical burns; physici an was remai	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	is Phermonica		2 days				
chief	Body the the nysici	RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	ISES OF DEATH?				
y the	ital b e; (2) here No pt befor	CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., bame, form, factory, street, etc.)	in ar obout 2 C. WHÉRE DID affice bldg., NJURY OCCUR?	(If in Baltimare	City, give exoct location)				
q pea	hospi nature ept w d (6) h	5	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Work At Work	21F. HOW DID INJ	URY OCCUR?	7				
ppro	any (exc ; and		22. I certify that (I) (this hospital) attended the deceased from	4	19 65 to 7-	ian death accurred an the date				
be a	dent of dent of lospital death) must b		and hour and fram the causes stated above. (1) (We) did) (dld not)			238. DATE SIGNED				
must	0.5 4 0		John (Wlade M.D. A.	tending Med. ys. Med. Director	Staff Phys.	9-18-65				
icate	y was rel 1) An acc 1.A. at a d prior to approval		JOHN C. WADE M.D	JOHNS HOPKI	NS HOSPITA					
certificat	D.O D.O Gase	24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C REMOVAL (Specify) Sub 22/65 Ballo Nat	to Coneties 24D. L	550/ Fres	week as (Stote)				
This	the bod shows: was D.d decease	25A	SEP 20 1985 Poles & Fallouth	25C. FUNERAL DIRECTOR	Lickson	1129n. Curling				
		VE 1	CO BPM 1/1/45	/0 1 0						



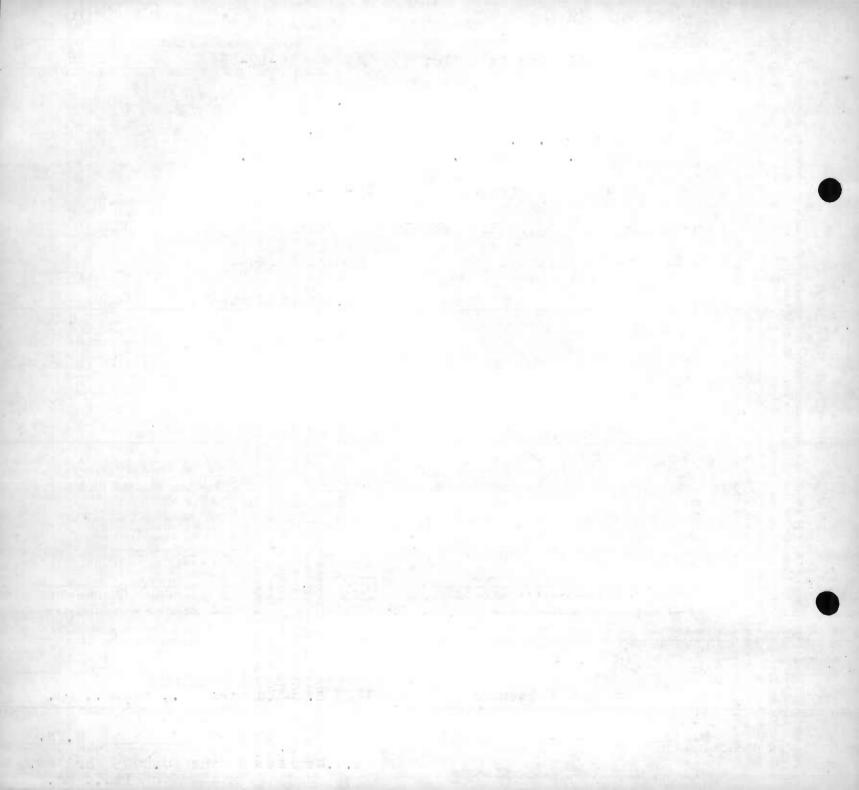
	BALTIMORE CITY	HEALTH DEPARTMENT		05 0035
BIRTH NO. 65 9615 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE AN	D HOUR OF DEATH	
MASSIE, Andrew		Sep	tember 18.	1965 5.50am N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institut oddress or location) INSTITUTION	ion, grve street	Maryland		RURAL and give township)
// St Teamble W.		Baltimore		
St. Joseph's Hos	pital	D. STREET ADDRESS (IF		
		2213 E. Bido	ile St	
	RIED, NEVER MARRIED DWED, DIVORCED (specify) Single	0 1 3 00 0	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				WHAT COUNTRY
3. FATHER'S NAMED 1	Bethlehem Steel	14. MOTHER'S MAIDEN NAM	na	
Kabert	•		.0	
manger manger	1,	Wille	Bull	
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown! (If yes, give wor or dotes of serv	SECURITY NO.	1111	0 1	-40 0 04.
yes. World Wat 2		Shelma Le	ud 1023	1. Durkam ST
(18. 491X+1260X	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) 1) Co	nfluent lobular	pneumonia.	
(This does not mean the mode of dying,		lateral, severe		-0 0000 0 - 4 -1 000 00 00 00 00 00 00 00 00 00 00 00 0
heart failure, osthenia, etc. It means the dise injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) 2) Pu	lmonary edema,	moderate.	
	DUE TO			
DISEASES OR CONDITIONS, if ony, gi	ving	gh blood sugar	(diabatas)	
UNDERLYING CONDITION fost.	(C) 07 111	Si Diod Sugar	(drapeces)	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
	21 B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimor	re City, give exact location!
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
U	616,7			
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While Work At Work			
			/P	
22. I certify that (I) (this hospital) attend	ed the deceosed from	September 17	9 65 to Sep	
that (I) (we) lost sow the deceased alive	on September 18	31965 ond the	ot in (my) (our) opi	inion deoth occurred on the dot
and hour and from the causes stated above				
23A. SIGNATURE	er (1) (1.e) (ara) (ara 1101) v	Tew The body offer deoin.		23 B. DATE SIGNED
ADO A SALC	NA DI ANG	adias — AAad —	21-12	
Nos mouse	M.D. Atte	nding Med. Director	Stoff Phys.	September 18,1965
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) Govinda Ra	O M.D.	1400 N. Caro	line Street	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION	ity, town, or countyl (State)
Thurso Subselle	12,000 M	all Cem. 5	501 tre	duck an
25A. DATE REC'D BY HEALTH DEPT. 258. NA.	ME OF REGISTINA	25C. FUNERAL DIRECTOR	SUI AM	ADDRESS
SEP 20 1965 12.00 FE	Janeurin	7mir 8	5/1/	115011. 1.8
25. 20 1000 100000	1600	Aftelon 6.2	ELLICEPE	1/2701. dostust
VS 150-REV1/1/65	100	0		



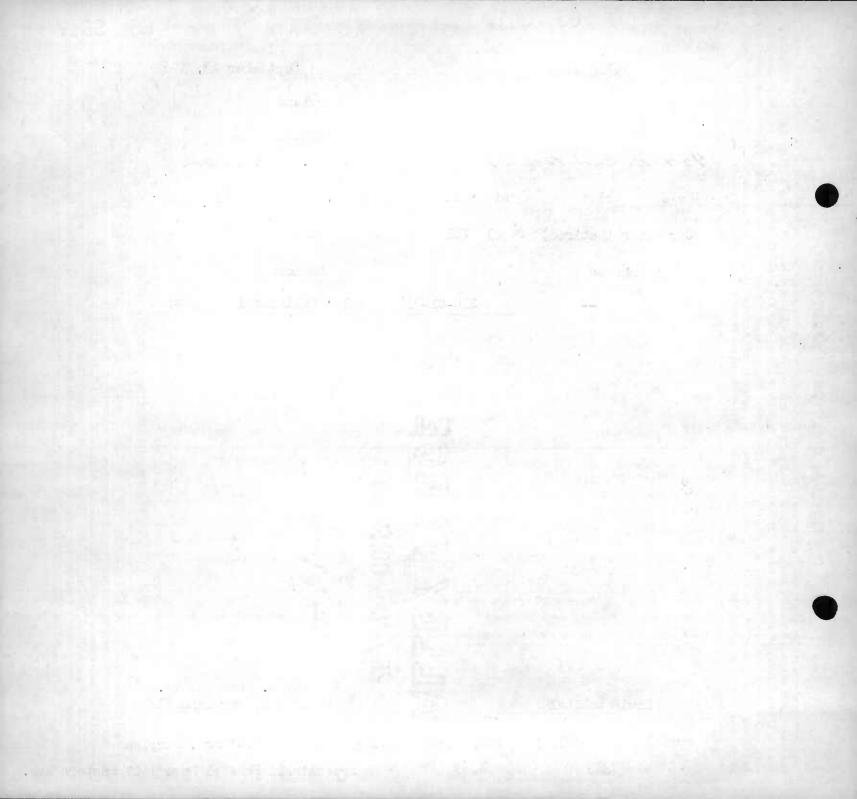
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DIRECTOR:

FUNERAL



	65	0045	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	00	9617	CERTIFICA	TE OF DEATH	Registered No.	65 9617
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	1
Type or Print)	JOHN JUST			Sent	ember 18, 19	65 49.
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased lived If	institution: residence before admission
FULL NAME	OF (If not in hospital	or institution.	give street	Maryland		6-10
HOSPITAL OR			g		f outside city limits, write	RURAL and give township)
				Baltimore D. STREET ADDRESS	(If rural, give location)	
200000						
	N. CLINTO.				nton Street	
. SEX	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male	White		owed	May 3, 1880	85	
	CUPATION (Give kind of wor of working life, even if retired)	KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	toreign country)	12. CITIZEN OF WHAT COUNTRY?
Carper	nter (Retired)	Steel	Mill	Poland		USA
FATHER'S NA				14. MOTHER'S MAIDEN	NAME	
	Unknown			Unknown		
. Wos Decease	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	wind yes, give wor or dole	s or service)	214-01-2148	Helen Malino	wski Sa	ame
18. 🤿 📆	4 VI		CAUSE O			INTERVAL BETWEEN
	ASE OR CONDITION DI	RECTLY	0	4-1.	•	ONSET AND DEATH
	LEADING TO DEATH		(A)	of themiptings	a	1 wic.
	nol mean the mode of a, osthenia, etc. Il meons				••••••••••••••••••••••••••••••••••••••	99 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	omplication which caused		a	ueralized totale	in-seleroris	- {
	ANTECEDENT CAUSES		DUE TO			••••••••••••••••••••••••••••••••••••••
	OR CONDITIONS, II					
	the abave cause (A)	sloling the	(C)			
	11		C1.E .	le male X	01000	,
OTHER SIGN TO THE DISEASE OF	NIFICANT CONDITIONS (CONTRIBUTIN	G Servery C		10000	<i>C</i> ,
DISEASE OF	R CONDITION CAUSING	IT.	777	loon '	N N con to	
19A. DATE C	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes o		E FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCID	ENT WAS IINDEBLYING	1016	PLACE OF INTERVIOR	n or obout 21 C. WHERE DI	D (II in Rollins	ore City, give exact location)
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	hon	ne, lorm, foctory, street, o	ffice bldg., INJURY OCCU	R?	ore Giry, give exect locoffen)
DEATH (noti	fy medical examiner)	etc.				
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		W	nile At Whi ork At Work			
22. I certif	y that (I) (this heaptra	i) attended t	the deceased fram	June 15	19 6 J ta	Syd, 18 1961
	e) last saw the decease		Sept 17	19 6 J an		pinian death accurred an the d
			1) (Wa) (did) (did)	view the bady after dea		
23A. SIGNAT		A	1	out/ offer dec		23B, DATE SIGNED
	L. E John	cal		ending Med.	Stoff	Sipt 20, 1965
23 C. PHYSIC	IAN'S		Phy	22D ADDRESS	Phys	
NAME	(Type)		M.D.	447 N	. Kenwood Ave	
	Louis Dobihal	10.00.00			e, Maryland 2	
REMOVAL			AME of CEMETERY of CR	EMATORT 24	D. LOCATION (City, town, or county) (State
Burial		5 Ho	ly RosaryCeme	tery 25c. FUNERAL DIREC	Baltimore Ma	arvl and
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR			
Visi	20 1965 R.C.	1883	Fa CROHIL	O Bruzdzinski	Funeral Home	1407 Eastern Ave
/\$ 150-REV. 1/1	1/65					



VS 150-REV. 1/1/65

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Meaning Committee of the Committee of th

Charles L. Law are scarcing was the

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

Charles R. Law . 802 Madison Ave.

ADDRESS

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Secretary Conv. 1210 West on No.

9-70,65 Section for the large section blanches

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	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 9620	CERTIFICA	TE OF DEATH	Registered No.	5 967 (
1, NAME OF DECEASED	SSELE	SR. G-	HOUR OF DEATH	1:45 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where d	eceased lived. If institu	tian: residence before admission)
FULL NAME OF (If not in haspital or institu HOSPITAL OR address or location)	tian, give street	Balfimore	ta city limits, write RUR	AL and give township)
Siavai Hospi	tal	BALTIMORE	3	7-34
		C CDJ	nten Ha	to Aug
	RIED, NEVER MARRIED OWED, DIVORCED (specify) ARRIED	5-24-95 Post	AGE (In years If M	Under 1 Yr. If Under 24 Hrs. onths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State ar foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?
1 / 1 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	SURANCE	WASHING TON	D.C.	US.A.
		MOTHER'S MAIDEN NAME		
WILLIAM CARL EISS F 15, Was Deceased Ever in U. S. Armed Forces?	LE 16. SOCIAL	FREDERICKA	INSLE	ADDRESS
(Yes, no or unknown) (II yes, give wor or doles of sen	security Nd.			5507 BENTON
YES WW I	215-03-3937		FISS ILE	HEIGHTS AVE,
DISEASE OR CONDITION DIRECTLY	CAUSE OF	PULATH		ONSET AND DEATH
LEADING TO DEATH	(A)	CUA		
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	# #POP# 8 ga = POPPPPP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		***************************************
injury or camplication which caused death.)		ASCUD		
ANTECEDENT CAUSES	DUE TD	**************************************	d the Charles for the Charles And Charles are the Spilling and a contract for the charles for the Charles and the Charles are the Spilling Charles and the Charles are the Cha	######################################
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last.		80000000007777000 000000000000000000000	ന് ട്രീ റ് രംഗ k k ki	**************************************
11	(D) Prenon	10 1 - 0.	Our market be	E GAL GAS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING	mi was Au	envison	- 3 9. 4 90
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FINI N CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, af etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact locotian)
21D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
(APPRDX)	While At Nat While At Work			
22. I certify that (I) (this hospital) attend	led the deceased fram	9-18 19	(To	1967
that (I) (we) last saw the deceased alive	on 45-18-	(05.19 and that i	in(my) (aur) apinta	n death accurred on the date
and haur and from the causes stated abo	ve, (1) (We) (did) (did nat) v	lew the body after death.		
23A. SIGNATURE				B. DATE SIGNED
Aregoro tul	Phy:	· · · · · · · · · · · · · · · · · · ·	rs.	1-18-4
23 C. PHYSICIAN'S NAME (Type)	MADED DI M.D.	23D. ADDRESS	C: 110:	Hospital
24A. BURIAL CREMATION, 24B. DATE 2	C. NAME OF CEMETERY OF CRE	10	ATION (City,	lown, or county) (State)
REMOVAL (Specify)	DULBALEVUE	IEY VIND	11 12 11 12 12 12 12	INVENTED ALL
25A. DATE RECD BY HEALTH DET. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	KAD GOCK	ADDRESS ADDRESS
DET 20 1965 (Coleur E.	Starber M.M	Wathel Br	X Juc 711	OBELAIR RD
VS 150-REV. 1/1/65	6 5 0 0			

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MANAGE - RETARD INSURANCE WASHINGTON D.C. FORTH

WILLIAM CARL FISSELE FREDERICKS INSLEY

YES WW I W-03-9939 MARCHRET R FISTER IN W 27Y

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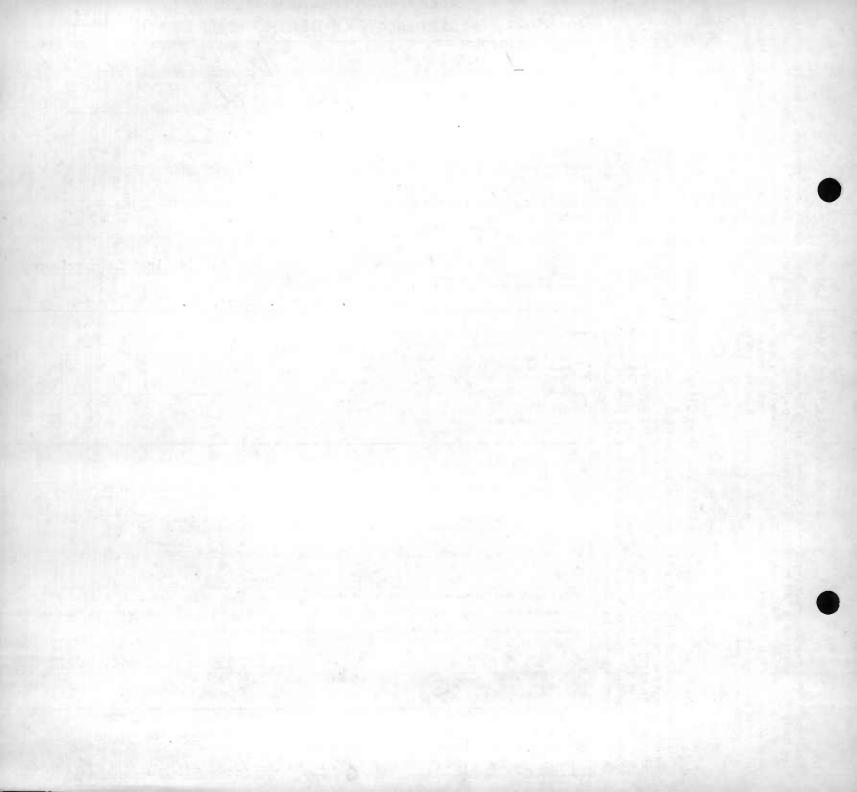
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FUNERAL

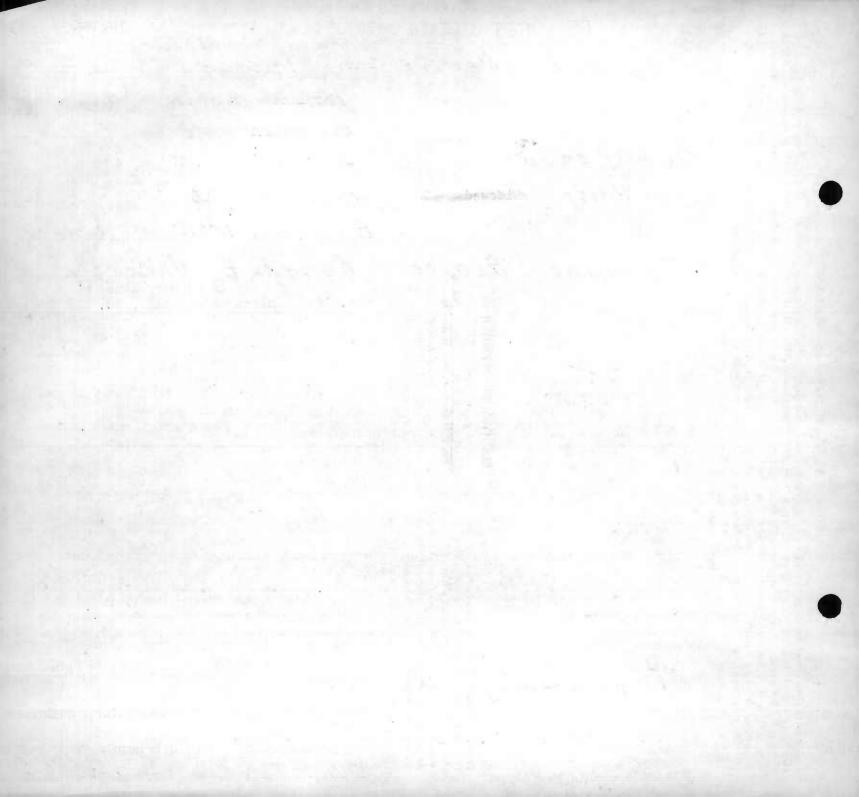
BALTIMORE CITY HEALTH DEPARTMENT

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05 000		HEALTH DEPARTMENT	(5 0004
BIRTH NO. 65 962	4 CERTIFICA	TE OF DEATH	Registered Na.	00 3624
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) L. F. N.	1 MOORE	2. DATE AND	HOUR OF DEATH	11 20/2
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		TA HEHAL DESIDENCE ON horse	1/60	stitution: residence before admission
S. FLACE OF DEATH IN BALTIMORE, MARILAN		A. STATE B. COUNTY		stitution: residence before odmission)
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location) INSTITUTION	itution, give street	c. City OR TOWN (If outsi	de city limits, write R	tURAL ond give township)
CENTURY NURSING	& HOME	DALTIME D. STREET ADDRESS (If rul	ok E	mo.
BALTIMORE,		3632 KES	WICK	RD. 11
5. SEX F 6. RACE W 7. M	ARRIED, NEVER MARRIED DOWED, DIVORCED (specily) Single		AGE (In years st birthdoy)	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, K done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign	country)	12. CITIZEN OF WHAT COUNTRY?
ione during most of working me, even it remedy	Never Worked	BALTO, MI	0.	(250)
3. FATHER'S NAME	HOLIECA	14. MOTHER'S MAIDEN NAME	E	UUN
	James David Moor		Mallia W	donatata H
5. Was Deceased Ever in U. S. Armed Forces?	11 6. SOCIAL	17. INFORMANT	- NeTTIE A:	irginia Harrison
Yes, no or unknown) (If yes, give wor or dates of s	SECURITY NO.			
No	None		ore, Jr.	3632 Keswick Road
1B. 334X1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL		14 17 10	march	ONSET AND DEATH
LEADING TO DEATH	(A) CE	REBRAL	PHLOY	
(This does not meon the mode of dying heart foilure, osthenia, etc. It means the d	, e.g., DUE 10			
injury or complication which coused death				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,				
rise to the obove cause (A) stating		• • • • • • • • • • • • • • • • • • •	00 00 00 00 00 00 00 00 00 00 00 00 00	0 000000 0 000 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING			
O THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMS U 21A. ACCIDENT WAS UNDERLYING	D		IN CERTIFYING CAL	JSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	home, form, foctory, street, of	nee siago indo kr OCCO K!		
21D. TIME (Month) (Doy) (Year) (Hou	n) 21E, INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROX)	While At Not Whil	e		
	Wark At Work		1- 0.	1-
22. I certify that (this hospital) atte	nded the deceased from	1/2 4 19	65 10 11	1960
that () (we) last sow the deceased all	re on 7/17			nian death accurred an the da
and haur and fram the causes stated ab	1 . /		7	Joseph despited dir tile do
23A. SIGNATURE	uve. (ne) (ala) (ale not) v	lew the body after death.		23B, DATE SIGNED.
10	M.D. Atte	ending Med. SI	roll [CALL SIGNED.
Kalpuronil op	Phy	s. Director P	hys.	7/11/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	100.3	
RAYMOND CAR	LAN M.D.	1010 St-	DNUL	57.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	CATION (Cit	y, town, or county) (Stote)
REMOVAL (Specily)	7 - 1 - D -1		D-744	F [V]
Burial 9/20/65	Loudon Park	25C. FUNERAL DIRECTOR_	Baltimore,	ADDRESS
SEP 20 10CE A a a Co	7108.00	26. 1 9	6. 11	1 MAD O
AFI RO 1200 (15 00 12 E	STOWNS OF THE	Shund, isser	THEL FOR	m/ne/Taliver
VS 150-REV. 1/1/65				



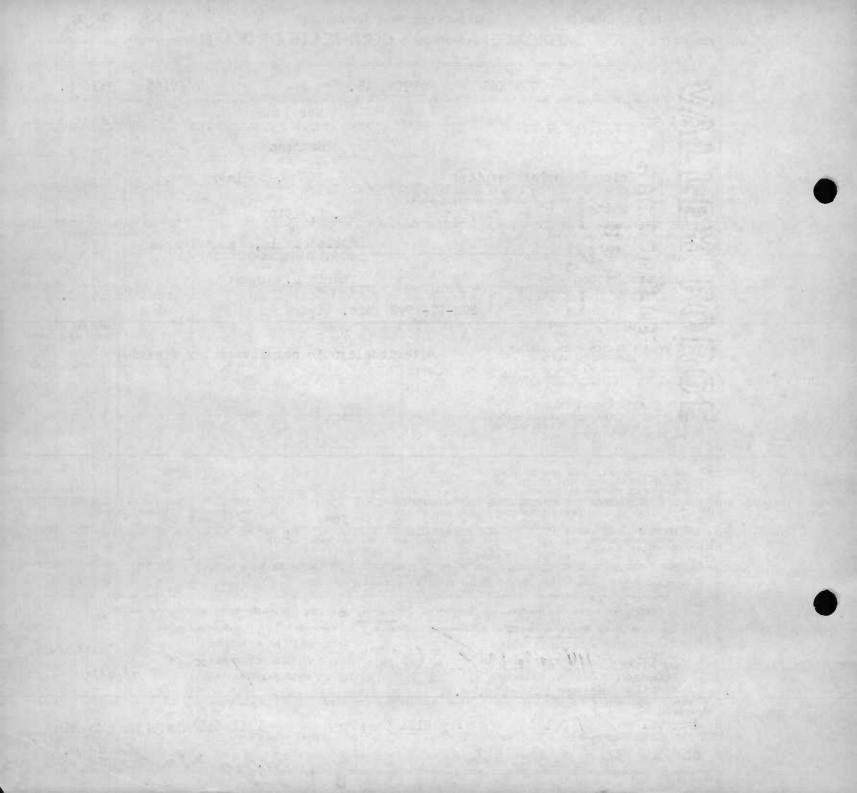
BALTIMORE CITY HEALT	H DEPARTMENT
BIRTH NO. M.E. CASE NO. 65 9625 CERTIFICATE C	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
FRANCE JACLIE Algir	e 9-16-65 3 70 AM
	JAL RESIDENCE (Where deceased lived. If institution; residence before admission)
	Maryland Baltimore Balti
	Octonsville
/3 /// -	2 Nunnery Lane 28
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE	E OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	Inst birthdoy) Months Doys Hours Min. 17-879 Months Doys Hours Min. 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY2
Housewife 9	RCADIA MO. W.X.
14. MO	THERS MAIDEN NAME
Dr. THOMAS HEGIRE	PARMAEL VACERDA
5, Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFO	ORMANT ADDRESS
Yes, no ar unknown) (If yes, give war ar dates of service) SELURITY NO.	12 Nunnery Lane
None None Mrs.	. Ruth Addison Catonsville, Md. 28
18. CAUSE OF DEAT	H INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY DESCRIPTION Perito	netis 2 days
(This does not mean the mode of dying, e.g. A OUE TO heart failure, asthenia, etc. It means the disease	
injury or complication which caused death.)	D again and AA
ANTECEDENT CAUSES & 5 1 (B) UNENCT	arcinoma of cecum months
- CI DUE TO	
DISEASES OR CONDITIONS, if any, giving its lo the obave cause (A) stating the	
UNDERLYING CONDITION last.	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Plemas: Hip Fracture 8days
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	AUTOPSY? (Fes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT WELL	yes yes
21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING CAUSE OF Name, form, foctory, street, office bldg etc.)	ut 21 C. WHERE DID (If in Boltimore City, give exact location)
Jone	12 runnery gave
OF INTURY	21F. HOW DID INJURY OCCUJE
(APPROX.) 9-5-65 11:3 While AI Work AI Work	Sell
22. I certify that TN (this haspital) attended the deceased from	15/ 1965 to 9/16 1965
9 1/	
that N (we) last saw the deceased alive on	9 65 and that Intmy) (our) apinion death accurred an the dat
and haur and fram the couses stated above. (Th (We) (did) (did not) view the	hody ofter death.
23A. SIGNATURE	23B, DATE SIGNED
CAO C A Altending	Med. Stoff D
Phys. L	Director Phys. P
23C. PHYSICIANS NAME (Type) Released on approval M.D.	DRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR REMOVAL (Specify)	Y 24D. LOCATION (City, town, ar county) (State)
	W- 2
77 - 07 - 70 - 70 - 70 - 70 - 70 - 70 -	Upperco, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C	FUNERAL DIRECTOR ROLLES
DET 20 1965 P. O. R. O. T. D	Um. 1. Tickner + Som north ela
VS 150-REV. 1/1/65	



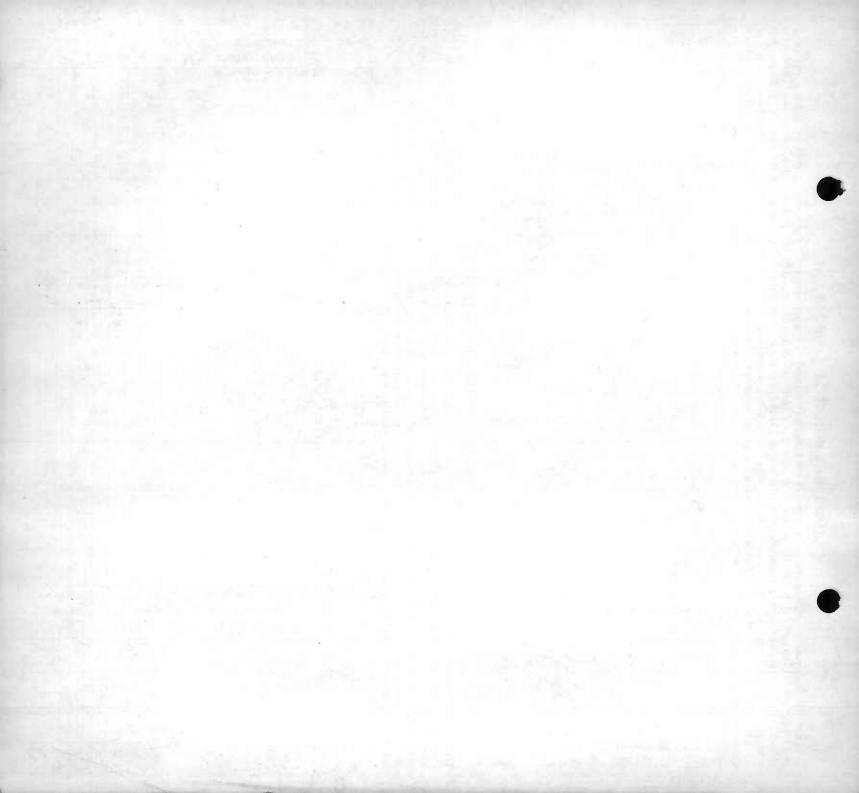
BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

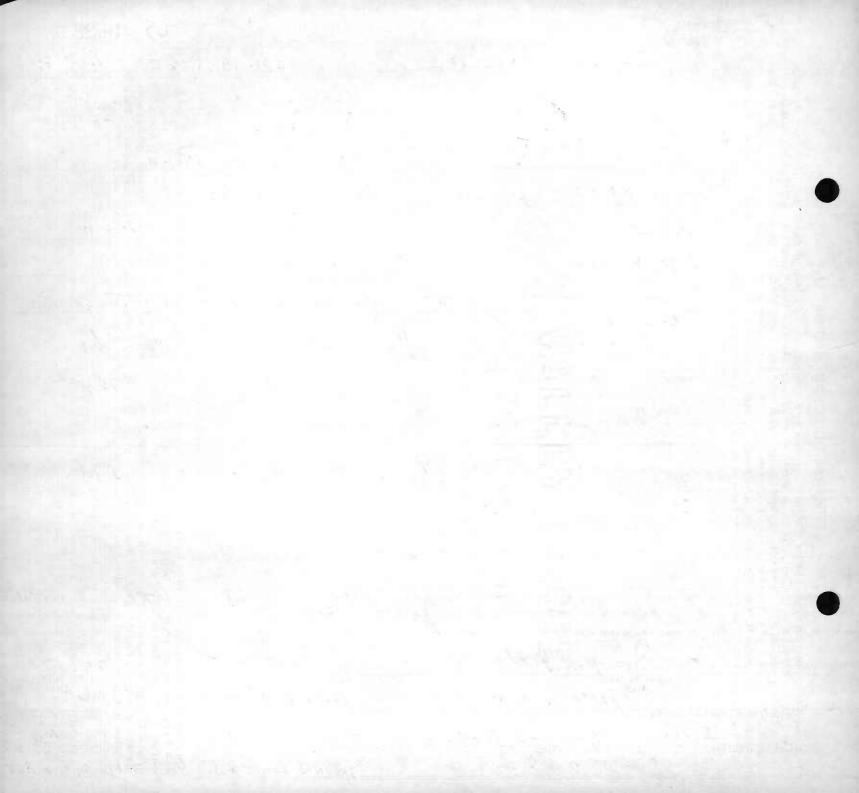
IRIH NO.	MED	CALEX	AMINER 3 C	EKTIFIC	AILOFL	CAIL Kedizie	3red 140
A.E. CASE NO.	PACED				1		
NAME OF DEC	EASED	CONTENDO	DIIMMON	200	2. DATE AND	HOUR PRONOUNC	
DI ACCIAL BALT	IAAORE AAARVI AND W	CONYERS	BUTTON,	JR.	SCIENCE (WI	9/18/	
PLACE IN BALL	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	Maryland	B. COL	
JLL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C CITY OF			altimore
OSPITAL OR	ADDRESS OR LOCA	(ΠΟΝ)				corporote limits, write	e RURAL ond give township)
1					Hampton		5300
7				D. STREET	ADDRESS (If rurol,		
	Union Memori	al Hosp	ital			inary Ave.	
	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	Months, Doys, Hours, Min
male	white		rried	Nov.	4, 1920	44	
			BUSINESS OR INDUSTRY			country)	12. CITIZEN OF
Sales Eng	vorking life, even if refired)			Phil	adelphia.	Pennsylvani	WHAT COUNTRY?
FATHER'S NAM	E				'S MAIDEN NAME	J	7
Conzar	e Button			Max	in T Dank		
WAS DECEASE	s Button D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORM	ie L. Dunh	ZO1 D	oad Acres Rd.
	(If yes, give war or date	s of service)	SECURITY NO.	36 10	1		bad acres ka.
No	None		204-20-7092	Mrs. I	dward Fros	T	
18. 4 2	211		CAUSE	OF DEATH			INTERVAL BETWEEN
DISEAS	E OR CONDITION DI	RECTLY	A				
	LEADING TO DEATH			screrot	ic cardiov	ascular dis	sease
(This does n	of meon the mode of	dying, e.g.,	DUE TO		********************		
injury or con	osthenia, etc. It means application which coused	deoth.)					
A	NTECENDENT CAUSE						
	OR CONDITIONS, IF A		(B)DUE TO				
RISE TO THE	E ABOVE CAUSE (A) S'	TATING THE	001 10				
	IG CONDITION LAST.		(C)				
2	li li						
OTHER SIGN	VIFICANT CONDITIONS						
DISEASE OF	DEATH BUT NOT RE		HE				
-	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUT	OPSY? (Yes or No)	OB. IF YES, WERE FI	INDINGS CONSIDERED
5 2	WAS PER	FORMED		yes	11	N CERTIFYING CAU	SES OF DEATH?
21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,			in Boltimore City, gi	ive exoct location)
UNDERLYING CAU	OR CONTRIB-	home etc.)	, farm, factory, street, o	office bldg., IN	JURY OCCUR?		
	or or prairie						
OF INJURY	(Month) (Day) (Year	(Hour) 2	TE. INJURY OCCURRED	2	F. HOW DID INJU	RY OCCUR?	
(APPROX.)		m. V	VHILE AT NOT	WHILE ORK			
22.							
1 cert	ify that I held an I	nquiry 🔲	Inspection Au	opsy	and that on this	basis, deoth In r	my opinian
result	ted from: Natural co	uses X A	ccident Suicld	_		ndetermined monn	er
			/	CHIE	F MEDICAL EX	MINER -	D. TE CICUED
ACTUAL		el 11.	9 (ACCICTAN	T MEDICAL EX		DATE SIGNED
SIGNATI	,,,	- IVI	M.D	•	E MEDICAL EX		9/19/65
EXAMIN NAME (1		Sni + -	hi n	ASSUCIA	E MEDICAL EX	AMINER	9/19/05
A. BURIAL CREA		. Spitz	C. NAME of CEMETERY	CREMATO	Y 23D. LO	CATION (City,	, town, or county) (State)
EMOVAL (Specify)						
Removal	9/20/19			eme tery		iladelphia,	Pennsylvania
A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. Ft	INERAL DIRECTOR		ADDRESS my
SEF 20	1965 R. D A	18. Fa	Dec Hills	2.4	15.1	28-	Batto, my
		and work	,	WI	n.J.Vull	ner won	onount fa.
S 151-REV. 1/1/6	65		Sea. 1	0 0	1		



VS 150-REV. 1/1/65



BIRTH NO. 65 9628 CERT	TIFICATE OF DEATH Registered No	65 9628
M.E. CASE NO.	2. DATE AND HOUR OF DEATH	1
Type or Print SARAh Phillips	SEPT. 19, 196	C 1 4 30 P.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If	institution; residence before admission
The state of the s	A. STATE B. COUNTY	n 11
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	MARYLAND	15ala
INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
2 Singi Hospi Hand	BALTIMORE D. STREET ADDRESS (If rurol, give location)	5300
L SINGI HOSPT.	State dec	
		9_D
6. RACE 7. MARRIED, NEVER MARRI WIDOWED, DIVORCED (1	specify) specify) specify)	Months Doys Hours Min,
FEMALE WHITE WILDOW	DEC. 1884 80	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working lile, even if retired)	INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	URIGA LATIVA	U. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Nor KNOWN	C	
	Sophie	Annual Property of the Control of th
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yos, give wor or dotes of service) 16. SOCIAL SECURITY		ADDRESS
	SANGRA MORSTEIN - 34	+19 TULSA RO.
18. 4 20.11	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1, 50% 01	ONSET AND DEATH
LEADING TO DEATH	Myrendral Warry	1/42.
(This does not mean the made of dying, e.g., Di heart foilure, asthonio, etc. It means the disease,	ut tol	
near londe, damono, etc. it means he disease,		
injury ar complication which caused deoth.)	AIR UN.	Garage
injury or complication which caused deoth.) ANTECEDENT CAUSES (B)		20 July
injury or camplication which caused deeth.) ANTECEDENT CAUSES (B) DL	ALCUDS UE TO	20 hr
injury or camplication which caused death.) ANTECEDENT CAUSES (B) DI DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	UE TO	20 yre
injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	UE TO	20 yre
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(Ту	Pe or Print)	HOWARD	T V.V	XXXXXX MOFFET		TE AND HOUR PRONOU	1117 2 22
3. F	LACE IN BAL	TIMORE MARYLAND, WI				Where deceased lived. If	institution: residence before admission)
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HO	SPITAL OR	(IF NOT IN HOSPITAL ADDRESS OR LOCA	TION)	TION, GIVE STREET			write RURAL and give township)
IN 2	NOITUTIE				Balti	.more	10-01
28	4	Da. 0	TT		D. STREET ADDRESS		
		Bon Sec	ours Ho	spital	1804	W. Fayette St	J.
5. \$	male	6. RACE White		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In ye last birthday)	ors If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.
	11100210	WIIT OG		Married	2/4/17	48	
		UPATION (Give kind of work working life, even if retired)				or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Juni	e donny mass ar	working me, even it remed,	Brewe	rv	Virginia		USA
13.	FATHER'S NAM	AE	1 1		14. MOTHER'S MAIDEN	NAME	
		ph C Moffett			Cora Hackl	eroad	
15. Yes	WAS DECEASE	O EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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	1B.	A13 5		CAUSE	OF DEATH	John John G	INTERVAL BETWEEN
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7	UNDERLYII	NG CONDITION LAST.		(C)			
ERTIFICATION		11					
3	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTION	1G			
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MEDIC	UTING - CAU	SE OF DEATH,	etc.)	street			Sts de Od - 0 /
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		ted from: Notural cou		ccident X Suicid		Undetermined mo	
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	EXAMIN NAME (. Spit	M. D.	ASSOCIATE MEDIC	AL EXAMINER	7/ 20/ 07
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City, tawn, or county) (State)
KE	MOVAL (Specif	9/18/6	55 T	oudon Park C	lometers	Baltimore,	Marvland
24/	Burial A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIR	ECTOR	ADDRESS
	SEP 2	0 1965 Rober	£.30	arbeight	Wm Cook-	Brooks Inc,1	217 St Paul St.
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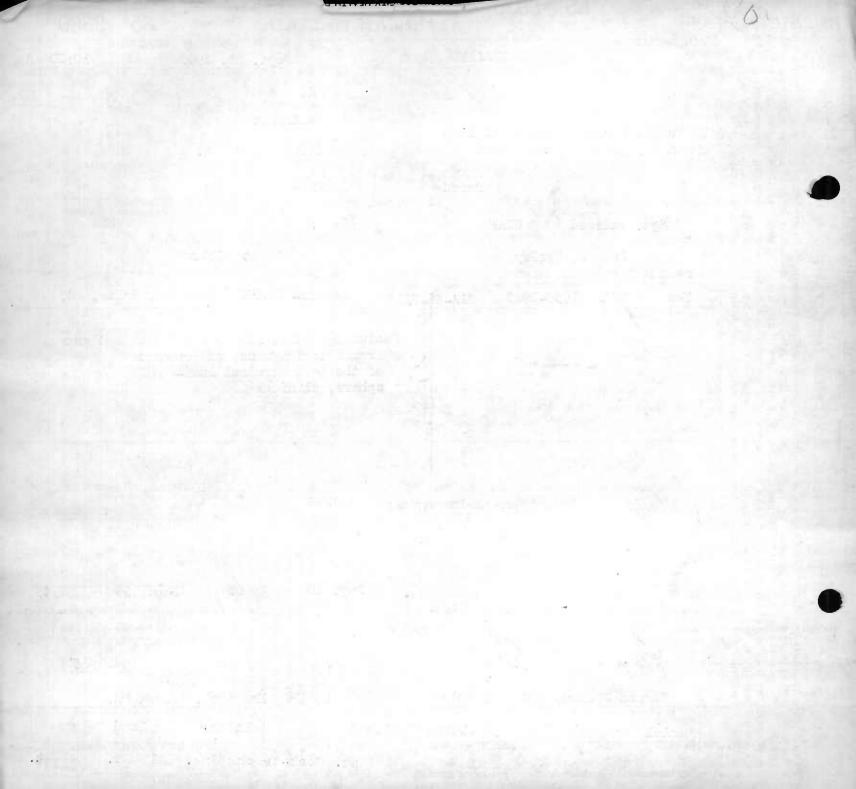
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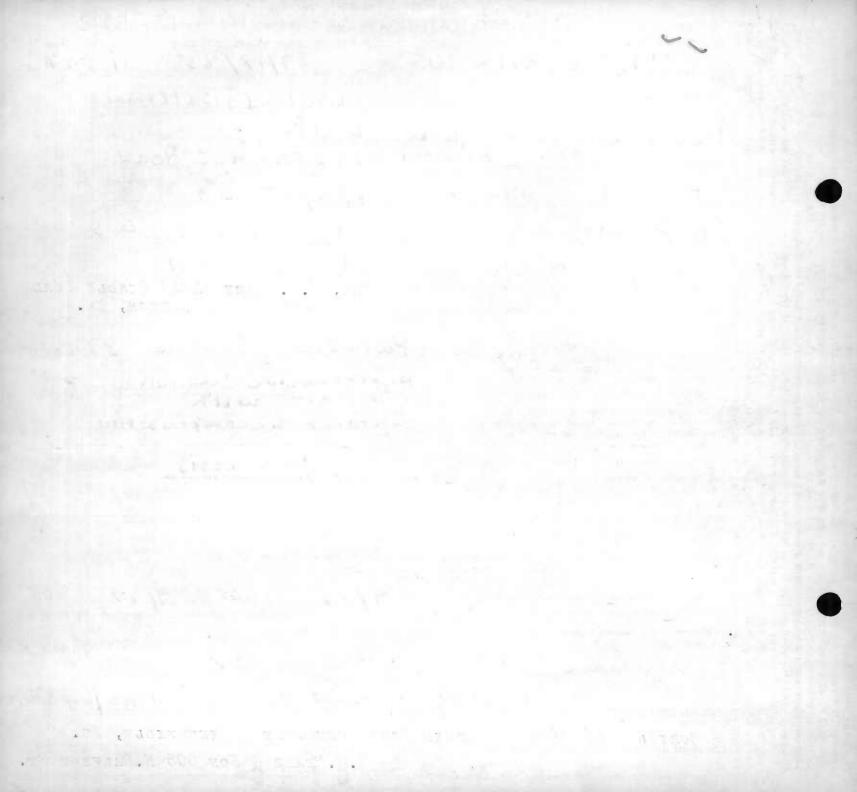
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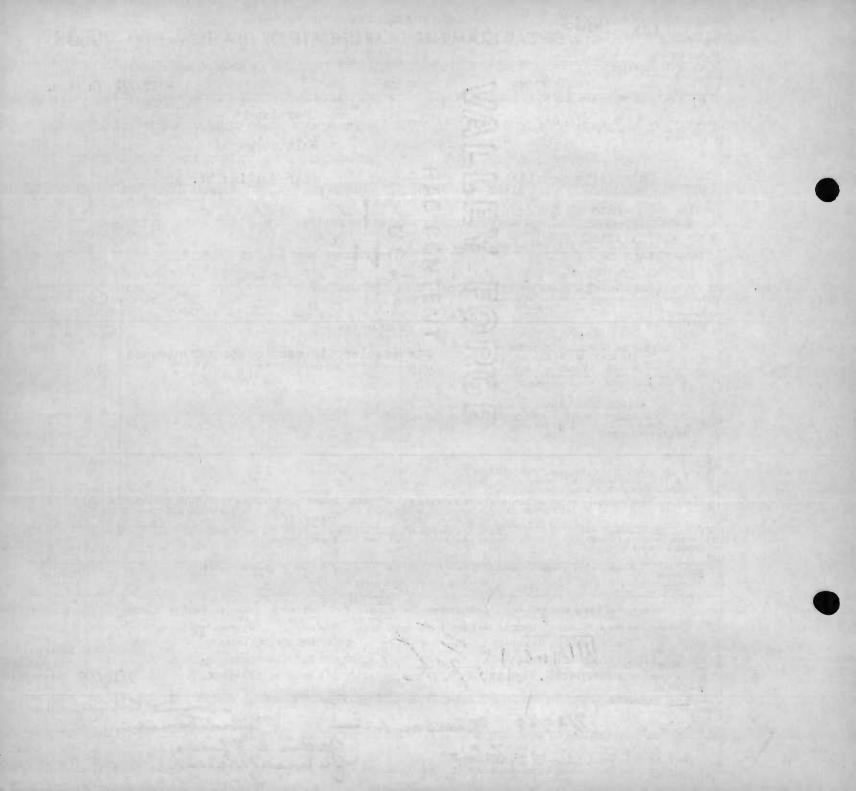
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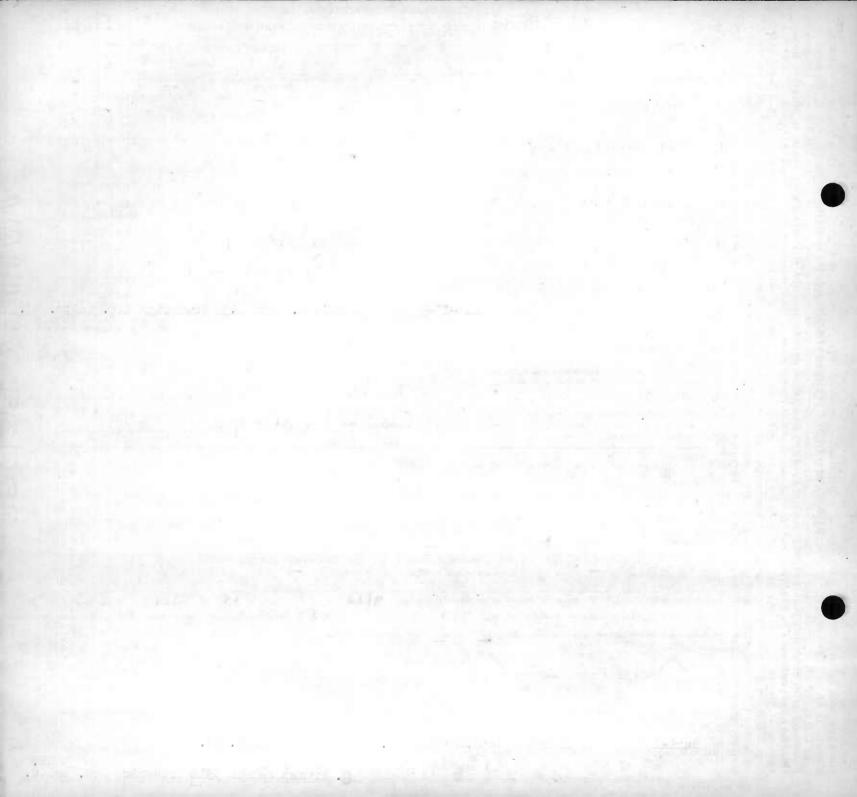
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A.E. CASE NO.								
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,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		RANK	G. THOMAS	3		9	/17/65 6:40	D. M.
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RES	IDENCE (Where	deceased lived. If ins	stitution: residence before	odmi s sio r
	UE MOT IN HOSPITA		UE ON CINE STREET	0. 31010	Marylan		ONT	
LL NAME OF	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR T	OWN (If outside	le corporate limits, wri	te RURAL and give town:	hip)
TITUTION					Baltimor	e \ %		
				D. STREET AD	DRESS (If rurol	give location)) 00	
TT	niversity Hos	nital			816 Hol	lins St.		
SEX	6. RACE	*	NEVER MARRIED	8. DATE OF BI		9. AGE (In years	If Under 1 Yr. If Und	er 24 Hrs
ale	white	Wid	OWED (specify)	Oct. 2	11918	lost birthdoyl	Months Doys Hour	Min.
	UPATION (Give kind of wor working life, even if retired)	KIOB, KIND OI	F BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
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PATHER'S NA	ME			14. MOTHER'S	MAIDEN NAM	E		
(5E0	. F. Thom.	AS		ELis	ELANG	de The	MAS	
WAS DECEAS	ED EVER IN U.S. ARMET	D FORCES?	16. SO CIAL	17. INFORMAN	T		ADDRESS	./
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-			174-16-20	17 £d,	NA 45	RAITHU	AITE	Kd
18.	22.1		CAUS	E OF DEATH			INTERVAL B	
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	CASE NO.	2. DATE AND HOUR OF DEA	TH 6.20
3. PI	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived.	
H	JLL NAME OF (If not in hospital or institution, give street oddress or location) ISTITUTION	C. CITY OR TOWN (If outside city limits, wr	ite RURAL and give township)
7	University Hospital	D. STREET ADDRESS, (If rurol, give locotion)	`
5. SE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours N
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INIduring most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	louse wite	14. MOTHER'S MAIDEN NAME	U.S.A.
13. 5	Andrew Bach	Quegacet Carte	<
	/as Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
	217-14-598 CA	88 Charles A. Hook 2438 Fred	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7	ONSET AND DEATH
	(This does not mean the made of dying, e.g., DUE	то	
	hearl failure, aslhenia, etc. It means the disease, injury ar camplication which caused death.)	1.1.	
FA	ANTECEDENT CAUSES (B) DUE	TO	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the (C)	Corcinima of right salping &	
-	UNDERLYING CONDITION last.	metastasis	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJUR home, form, foctory, setc.)	RY (e.g., in or obout 21C. WHERE DID (If in Bolti street, office bldg., INJURY OCCUR?	more City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURR		
	Work A	Not While At Work	
	22. I certify that (I) (this hospital) attended the deceased fra that (I) (we) last saw the deceased alive on		1 '
- 1	and hour ond from the causes stated above. (1) (We) (did) (did		opinian deoth occurred an th
	3A. SIGNATURE	a har, view the body differ deaths.	23B. DATE SIGNED
	Krosevell In la M.	.D. Attending Med. Staff Phys.	9/18/63
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
		M.D.	
			(City, town, or county) (S
		Y or CREMATORY 24D. LOCATION	(City, town, or county)



	65	9635	BALTIMORE CITY	HEALTH DEPARTMENT		CE DOOF
BIRTH NO.		0000	CERTIFICA	TE OF DEATH	Registered No	65 9635
M.E. CASE NO.				2. DATE	AND HOUR OF DEAT	H
(Type or Print)	Roland W. Adam	ne		Cont	36 3065	1
3. PLACE OF D	EATH IN BALTIMORE, MA		4. USUAL RESIDENCE TWI	here deceased lived. If	institution: residence before admission	
				A. STATE B. COL	INIT) 5-4.1
HOSPITAL OF	R address ar lacotic		give street	C. CITY OR TOWN (II o	outside city limits, write	e RURAL and give township)
)				Baltimore		
3616	3616 Coolidge Ave.			D. STREET ADDRESS	If rural, give lacation)	
	***************************************			3616 Coolid	ge Ave.	
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
Male	White			June 11 1807		
OA, USUAL OC	CUPATION (Give kind of war	k 108. KIND OF	BUSINESS OR INDUSTRY	June 11, 1897 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	ol working life, even if retired)					WHAT COUNTRY?
Shipping	g Clerk	F.A. Da	vis Co.	Washington D. 14. MOTHER'S MAIDEN N.	C.	
WIMITER 3 N.	PATE			THE WINDER S WINIDER N.	OWIE .	
Martin	n Adams			Florence Trel	and	
5. Was Deceas	ed Ever in U. S. Armed Fo wn)(If yes, give war ar dat	rces?	1 6. SOCIAL SECURITY NO.	Florence Irel		ADDRESS
						Balto. Md. 21229
Yes	1917- 1919		215-03-6964 CAUSE O	Mrs. Ethel L.	Adams 3616 C	oolidge Ave
1	ACT OF COMPLETON D	DE CTI V	CAOSE		11	ONSET AND DEATH
Disc	ASE OR CONDITION DI LEADING TO DEATH		(2)	runmi .	Things	2 44
(This does	nal meon the made at	dying, e.g.,	DUE TO	/ UUV CITY	1 July	270
	e, asthenia, etc. It means amplication which caused				- //	
injury at a	ANTECEDENT CAUSES		(B)			
			DUE TO	***************************************	#	
	OR CONDITIONS, if the above cause (A)		(C)			
	NG CONDITION last.	overling into	(0)		**************************************	••••••••••••••••••
	11					
O OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	G			
OTHER SIG	DEATH BUT NOT REL	ATED TO TH	E .			
		NDITION FOR V	WHICH OPERATION	20A. AUTOPST? (Yes ar	Na) 208, IF TES, WER	E FINDINGS CONSIDERED
19A. DATE	1963	NI O RIVIE D			III CEKIIFIING C	AUJES OF DEATH!
U 21A. ACCID	DENT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact lacotion)
▼ DEATH (not	tily medical examiner	etc.		nce biag., INJORI OCCOR:		
21 D. TIME	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID IN	NJURT OCCUR?	
2 01 11430KI			ile At Nat Whil			
(APPROX.)		Wa	rk At Wark		4.4.	11-4
22. I certi	fy that (1) (this hospita	1) attended t	he deceosed from	West 2.	19 6 3 10	left 16 19 6 &
that (1) (w	e) lost saw the deceas	ed alive on	SILV 13	-/ 19 65 ond	that in (my) (our) a	pinion death occurred on the dat
and house	and from the courses see	ted obove. (1		iew the body ofter death		
23A. SIGNA			A (010) (010 1101) V	The body offer death		23B, DATE SIGNED
	Tol. D	10	M.D. Atte	ending Med.	Stall	- /
220 511111	& haras	cea	Phy	s. Director	Phy s.	9/17-65
23C. PHYSIC NAME	(Type)	1	2	23D. ADDRESS	0 11	1-
	(hayle	23A(AHN M.D.	2145 W	2 allumon	i di
24A. BURIAL C	REMATION, 248. DATE	24C. N	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, tawn, ar county) (State)
REMOVAL	L (Specify)					
Burial	Sept.	20.1965 258, NAME 6	Balto Nat. C	em. B	alto. Md.	ADDRESS
SFP	20 1965 00		asker 4.0			Md.
V = 1	20 1000 000	and cha	Carpaca, Car	G. Truman S	chwab 3512 F	rederick Ave. Balto.
VC 160 DEV 1/	1/45			4 4 7 7 7 7 7		

Exalleren Charles A CAHN 2145 m Belton

BIRTH NO.

and

IMPORTANT

DIRECTOR:

FUNERAL

USUAL RESIDENCE (Where deceased lived, If institution; residence before admission (If outside city limits, write RURAL and give township) If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that in (our) opinion death occurred an the date 23B, DATE SIGNED written approval (Stote) (City, town, or county) deceased Baltimore, Maryland MOS ADDRESS eitz VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

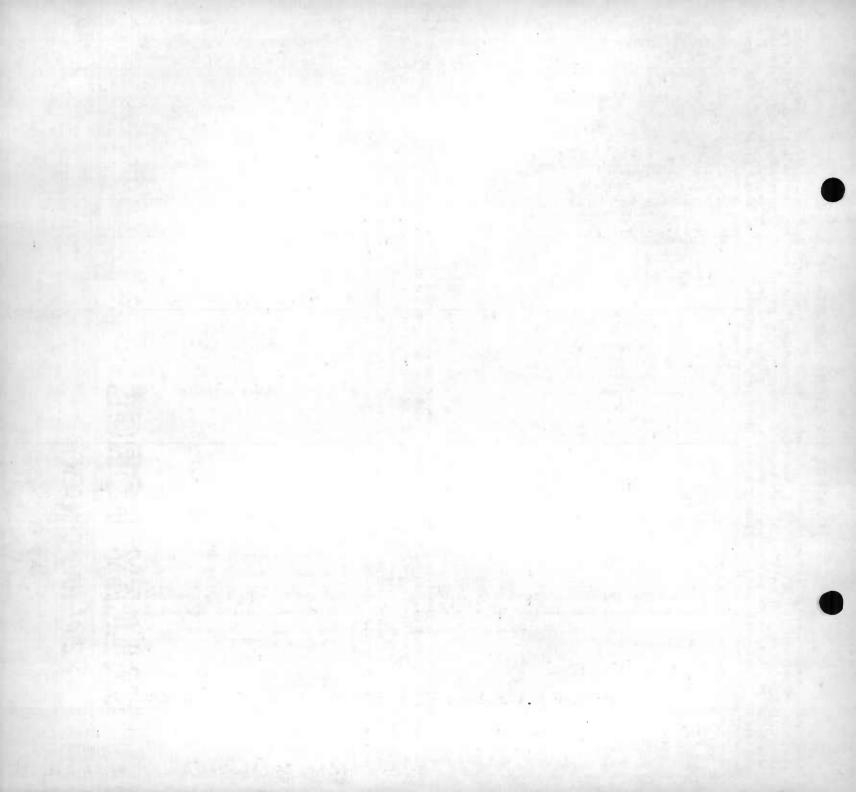
Registered No.

9536

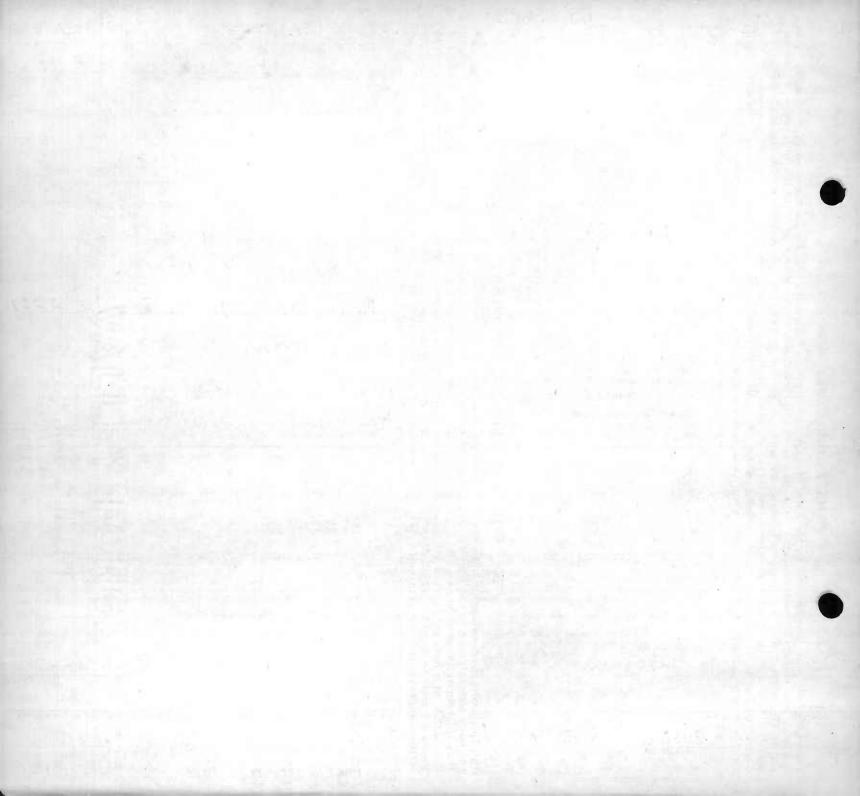
	D= 00		HEALTH DEPARTMENT	0-	
	TH NO. 65 966	37 CERTIFICA	TE OF DEATH	Registered No. 65	9637.
1. N (Ty	PLACE OF DECEASED PLACE OF DEATH-IN BALTIMORE MARYLAND	erbent	91	D HOUR OF DEATH 1465 e deceased lived. II institution	1 /2 NOOM
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give sheet	A. STATE B. COUN	TY	V-18
2	Sinai Hospital of Bo	itimore, Inc	Wash	uiol, give ocquion)	ond glyc rownsmp)
5. 5	My White WIDO	RIED, NEVER MARRIED WED, DIVORCED (specify) OF BUSINESS OR INDUSTRY		72	nder I YI. If Under 24 Hrs. Min.
	e during most of working life, evel if retired)	Look. &	Maryla 14. MOTHER'S MAIDENNAM	nd i	A I SO I A
15.	Was Deceased Evel in U. S. Armed Forces? s, no or unknown) (III yes, give wor or dates of servi	16. SOCIAL SECURITY NO.	Mariam 17. INFORMANT	Friedel	ADDRESS
-	18. ASS S I DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, healt failure, asthenia, etc. It means the dise injury ar camplication which coused death.)	e.g., DUE TO	ssive asp	iration	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the above cause (A) stating UNDERLYING CONDITION tast.		tured cecum	n_	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Ch of S	igmoid E	obstruction	
ERTIFIC,	194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
MEDI	21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?	1,0,0
	22. I certify that (I) (this hospital) attend	an 4/14		ot in (my) (our) opinion de	eath accurred on the date
	23A. SIGNATURE	M.D. Atte	ending Med. Director	Stalf 238. D	ATE SIGNED 165
	23C.PHYSICIAN'S NAME (Type) Dr. Hideki Sakurai	M.D.	Linai &	Loskital	
1	Specify 248. DATE 24 Specify 248. DATE 24 Specify 258. NAI	C. NAME OF CEMETERY OF CRE	250. FUNERAL DIRECTOR	CATION (Cil), town	OF COUNTY) (Stote)
VS	150-REV. 1/1/65	Market G	John Herk Go	mallengly is	201 8

World Backs 122 in windward lat I the world The Marine Contract of the State of the Stat

65 3630	BALTIMORE CITY	HEALTH DEPARTMENT	V	
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	9638
M.E. CASE NO. 1. NAME OF DECEASED		lo DATE AL	ND HOUR OF DEATH	
(7 a. 0.2 a)		/	/	. 11, 115
HERMAN RI	CHARDSON	1 9/1	4/65	11, 75 p.m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		ution residence before odmission)
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION	ve street	Maryland	htside city limits, wite RUF	RAL ond give township)
3		Church D. STREET ADDRESS (III	Creek	5900
Johns Hopkins Hospi	tal	P.O. Bex	rural, give location)	
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	f Under 1 Yr. , If Under 24 Hrs.
Male white Mar		3/11/96 11. BIRTHPLACE (State or fore	69	Aonths Doys Hours Min.
done during most of working life, even if retired)		^	0.0	WHAT COUNTRY
retired merchant Petro	oleum	CHURCH CREE	EKINID	1.5.7
13. FATHERS NAME	0	14. MOTHERS MAIDEN NA	ME	
Howard Rich	ardsox	ada ;	1. aire	y,
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	00	ADDRESS
		ttospi 7	AL VIELO	RDS,
18. 4 20 O	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) QE	into pulmon	ary edana	2-4 days
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO		0	· ·
injury or complication which coused death.)	a.to	inclantin has	+ Auropao	
ANTECEDENT CAUSES	DUE TO	upsearene rug		
DISEASES OR CONDITIONS, if ony, giving	501.10			
rise to the obove couse (A) stoling the	(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or N	ON 20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		ity, give exact location)
	e, form, foctory, street, of	fice bidg., INJURY OCCUR?		
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY	e At Not While			
(APPROX.)			0 =	+ 1
22. I certify that (I) (this hospital) ottended the	e deceased from	September 10	19 65 to Sep	anter 14 19 65.
	September 14			on death occurred on the date
thor (I) (we) lost saw the deceosed office dr			not in (my) (out) opinio	on death occurred on the dote
ond hour and from the couses stated above. (1)	(We)" (did) (did-not) v	iew the body ofter deoth.		
23A. SIGNATURE			2:	B. DATE SIGNED
Pha D. T. Yas Olive	M.D. Atte	nding Med.	Stoff X	9/15/65
Charles Maller	Phy		Phys.	1/15/63
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Charles T. Kae:	lber M.D.	The Johns Hop	okins Hospit	cal
24A. BURIAL CREMATION, 24B. DATE, 24C. NA	ME of CEMETERY OF CRE			town, or county) (Stole)
REMOVAL (Specify)	CHESTER ME	(,)		2- MX
WIVE HL			CAMBRID	9E, 111)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F.F. ea. W	25C. FUNERAL DIRECTO	R	ADDRESS
SEP 20 1965 Release & Jai	Siew M. B	LECOMOTE F	ENERAL Home	CAMBRIDGE MO
VS 150-REV. 1/1/65	- No. 12 1	O CONTRACT	NCICHE TOMC	VIII/10-10-76) 110



IMPORTAN DIRECTOR: FUNERAL



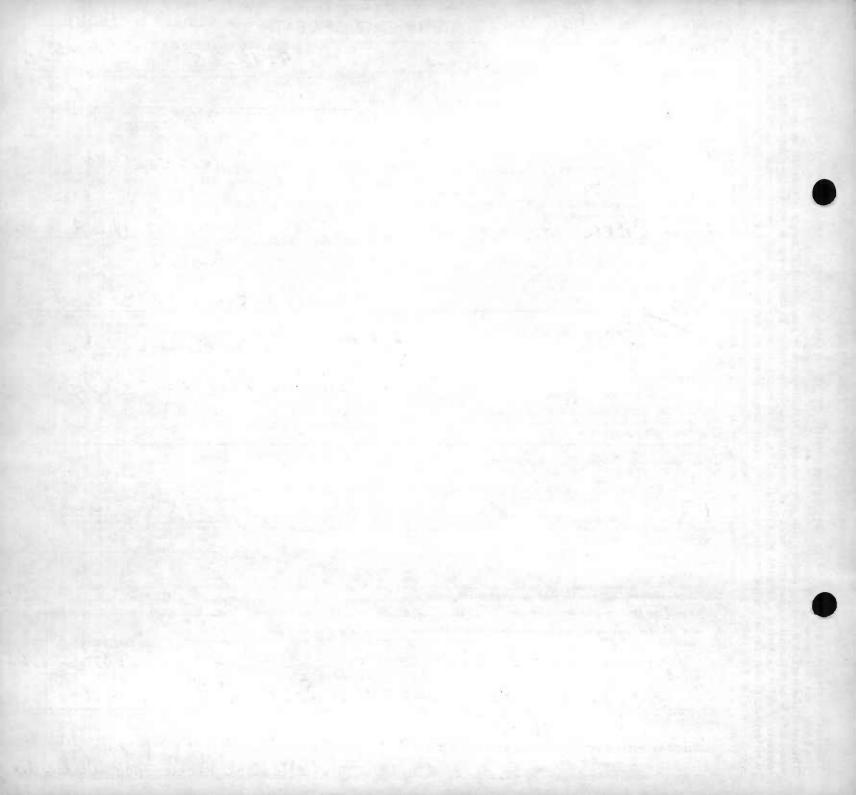
9640

IMPORTANT FUNERAL DIRECTOR: BIRTH NO.

M.E. CASE NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission. (If outside city limits, write RURAL and give township) If Under 24 Hrs. If Under 1 Yr. Months: Days Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in (acc) (aur) opinion deoth accurred on the dote (City, town, or county) (State)



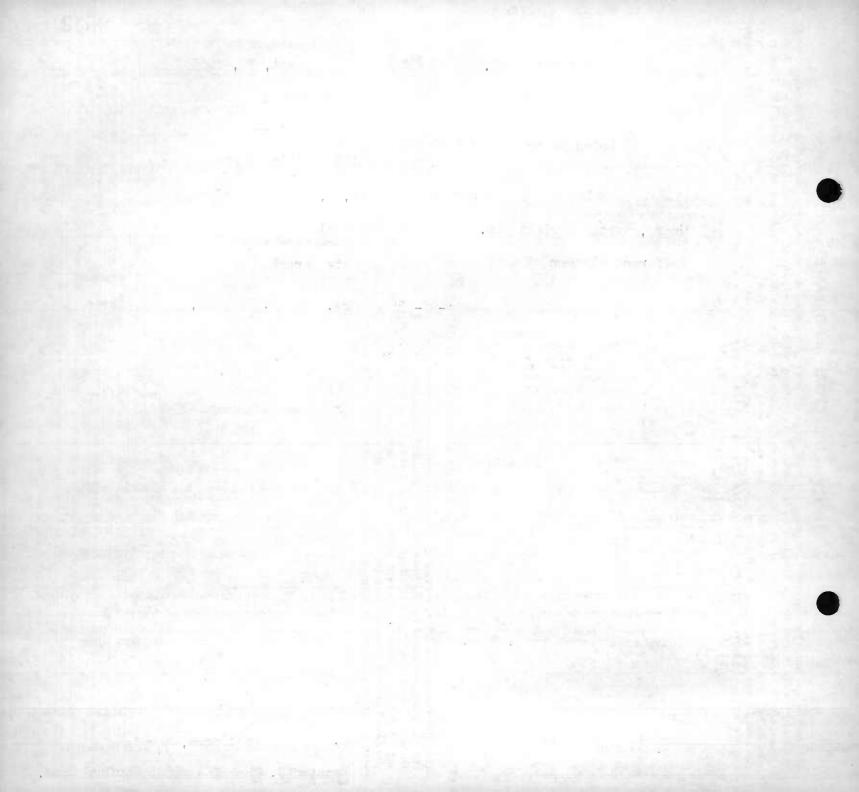
BIRTH NO. MEDI	ICAL EXAMINER'S	CERTIFICATE OF	DEATH Registered	Na
M.E. CASE NO.			TV NEAD TO SE	
1. NAME OF DECEASED (Type or Print)	All continues to the second	2. DATE AN	D HOUR PRONOUNCED	
BERCH	PHILLIPS		9/10/6	5 11:05 a. M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	on: residence before odmission)
		Maryland	B. COUNT:	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside	le corporote limits, write RU	RAL and give township)
INSTITUTION			1 1	2
		D. STREET ADDRESS (If rurol,		00
6	11 7			
Maryland General		9 W. Pres		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years If M	Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.
male white	DIVORCED		61.	
10A. USUAL OCCUPATION (Give kind of work	TOR KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	gn country) 12	CITIZEN OF
done during most of working life, even if retired)			The same of the sa	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	F	U. J. 14.
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown), (If yes, give war or dote		17. INFORMANT	, Al	DDRESS
		MACHEIFALC	ADUSELI-H	303 ELDONE RI
118.	CALLS	E OF DEATH	MANCHE -/	INTERVAL BETWEEN
1 0.0 do 1	CAO.	IL OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DI LEADING TO DEATH				
	(A) [1]	nonary emphysema,		
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which caused	doth doth	and active caseo	us pulmonary t	uberculosis
injuly of complication which coused	0601112			
ANTECENDENT CAUSE	is			
DISEASES OR CONDITIONS, IF A	NY, GIVING DUE TO		******************************	
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	IA IING THE			
Z	(C)			•••••••••••
E		DE LOUIS DE CONTRACTOR		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT REI				
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	NGS CONSIDERED
WAS PER	FORMED		IN CERTIFYING CAUSES	OF DEATH?
ZIA. EXTERNAL CAUSE WAS	218 PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID	Uf in Boltimore City give e	exact location)
UTING CAUSE OF DEATH.	home, form, foctory, street,	office bldg., INJURY OCCUR?	Politinoise Ony, give e	ACCT TOCOROLL
Q OTING D CAUSE OF BEATH.	erc.)			
21 D TIME (Month) (Doy) (Year	Hour 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	WHILE AT NOT	WHILE		
22.	m. WORK LAT	WORK		
I certify that I held an I	ngulry Inspection A	utapsy and that an th	is basis, death in my a	pinian
resulted from: Natural ca	uses X Accident Suici	de Hamicide	Undetermined manner	
	/ /	CHIEF MEDICAL EX		
ACTUAL 1.00.	-/ -/			DATE SIGNED
SIGNATURE MANUEL	3 1 7 M.	D. ASSISTANT MEDICAL EX	(120165
EXAMINER'S Werner	U. Spikz, M.D.	ASSOCIATE MEDICAL E	XAMINER	9/10/65
NAME (Type)				
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	- CREWATORY 23D. L	OCATION (City, tow	rn, or county) (Stote)
0.1. 9/10	168 ELEN 11	AVEAL	IENI BUDI	I'E MA
244 DATE REC'D BY HEALTH DEPT	GAEIN AT	24C FUNERAL DIRECTOR	LEN BURK	116 . 1110.
SEP 2.0 1965 (2.0. 6				APIDPESS
	24B. NAME OF REGISTRAR	WITZ	KE FUNER	ADDRESS AL HOME
25 20 1202 (Popular	E talkynn	24C. FUNERAL DIRECTOR		AL HOME

A AVERTAL PROPERTY AND A STREET AND A STREET

IMPORTANT

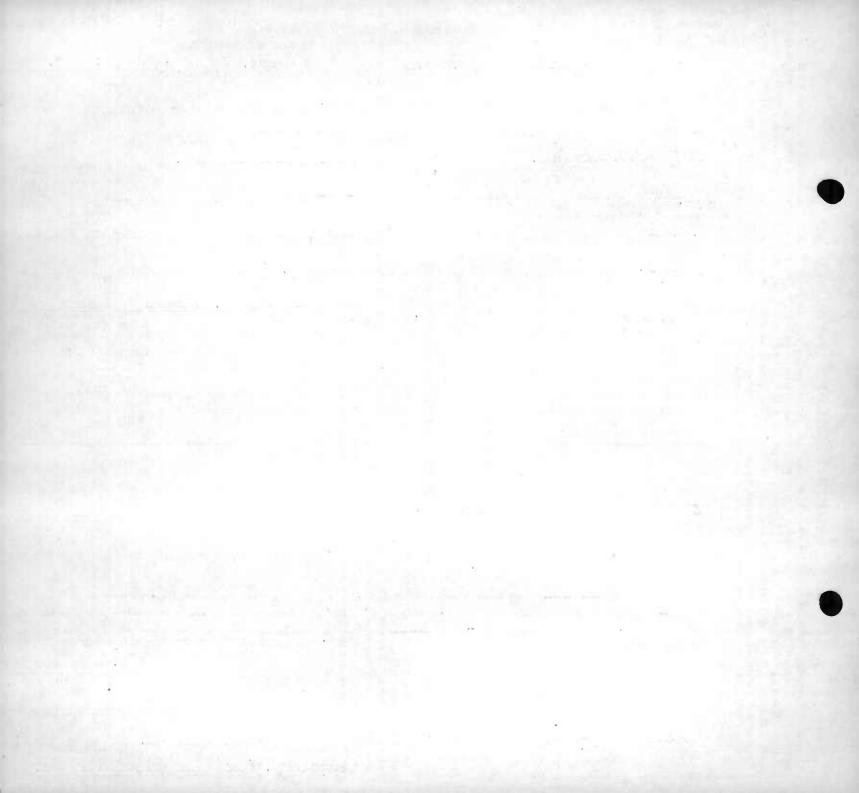
DIRECTOR:

FUNERAL



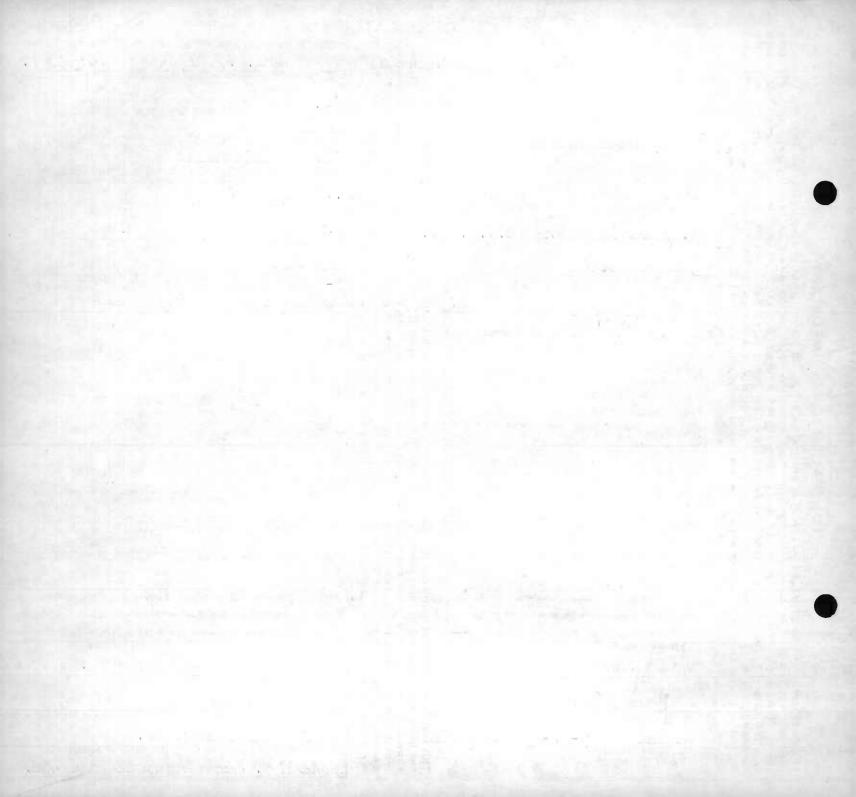
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0014	BALTIMORE CITY	HEALTH DEPARTMENT	C	5 OCAA
BIRTH NO. 65 9644	CERTIFICA	TE OF DEATH	Registered No.	5 9644
M.E. CASE NO. 1. NAME OF DECEASED	CERTITIE		D HOUR OF BEATH	
(Type or Pont) As	77		D HOUR OF DEATH	F.20 A
Margrette 3. PLACE OF DEATH IN BALTIMORE MARYLA	a Thomas	4. USUAL RESIDENCE (When	t. 19, 1905	5:30 A. Nutrion: residence before admission
STEACE OF DEATH IN BALLIMORE, MARILA	NB	A. STATE B. COUN	TY	tution: residence before damission:
FULL NAME OF (If not in hospital or ins	stitution, give street	Md.	-	0)
HOSPITAL OR address or location)		C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
Ardleigh Nursing Ho)me	Baltimore		
	,,,,	- ~ 4	rural, give location)	
2095 Rockrose Ave.		3228 Eller	slie Ave.	
	AARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
tomale white	VIDOWED, DIVORCED (specify)	8-28-1881	lost birthday)	Aonths Doys Hours Min.
X USUAL OCCUPATION (Give kind of work 10 B.	WILD OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or forei	on country)	12. CITIZEN OF
one during most of working life, even if retired)			g.,	WHAT COUNTRY?
Housewife		Maryland		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
John F. Hopkins		M E C		
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Mary C. C	ınst	ADDRESS
es,na or unknown) (If yes, give wor or dates of	SECURITY NO.	A. A.		
no		Miss Margare	et I. Thoma	s same
18. 260X I	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY			ONSET AND DEATH
LEADING TO DEATH	(A) Art	eriosclerotic	cardio-	10 yrs.
(This does not mean the made of dyin	1g, e.g.,	vo con lo	n dispose	
heart failure, asthenia, etc. It means the injury or camplication which caused deat	disease,	vascular disease (B) Diabetes mellitus DUE TO		
ANTECEDENT CAUSES	(B) Dia	betes mellitu	S	6 yrs.
DISEASES OR CONDITIONS, if any, rise to the above cause (A) state				
UNDERLYING CONDITION last.	delibited decit on serve deve delibited			
11				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na	20B. IF YES, WERE FIN	DINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	ieb	No	IN CERTIFYING CAUS	ES OF DEATH:
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of	or obout 21 C. WHERE DID	(If in Boltimare C	City, give exact location)
DEATH (notify medical examiner)	etc.)	mee sing, majori occor:		
	out) 21E. INJURY OCCURRED	21F. HOW DID INJ	LIBY OCCUP?	
OF INJURY	While At Not While		OK! OCCOK!	
(APPROX)	Work At Work			
22. I certify that (I) (this-hespital) att	ended the deceased from	ec. 6. 1	9 64 to Sept.	. 19 19 65
that (I) (we) last saw the deceased al	0 1 9 1	6 m		
			of in(my) (out) opinio	on death accurred on the da
and haur and from the causes stated a	bave. (I) (We) (did) (did not) v	iew the bady after death.		
23A. SIGNATURE	or I a			3B, DATE SIGNED
I Dent 6	Atter Ann. After Phy	ending Med. Director	Stoff Phys.	Sept. 20, 1965
23 C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) Lloyd L.	Baylow, M.D.	3902 Greenmo	unt Avenue	
AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CRI			1.
REMOVAL (Specify)	240. NAME OF CEMETERY OF CRI	ZAD. LO	OCATION (City,	town, or county) (State)
burial 9-22-65	Oak Lown Como	eteru Ba	Itimore. M.	d.
	NAME OF REGISTRAR	250 FUNERAL DIRECTOR		ADDRESS
251 20 1200 (Poper)	C. dance	Leonard 1.	Ruck Inc B	altimore, Md.
S 150-REV. 1/1/65				



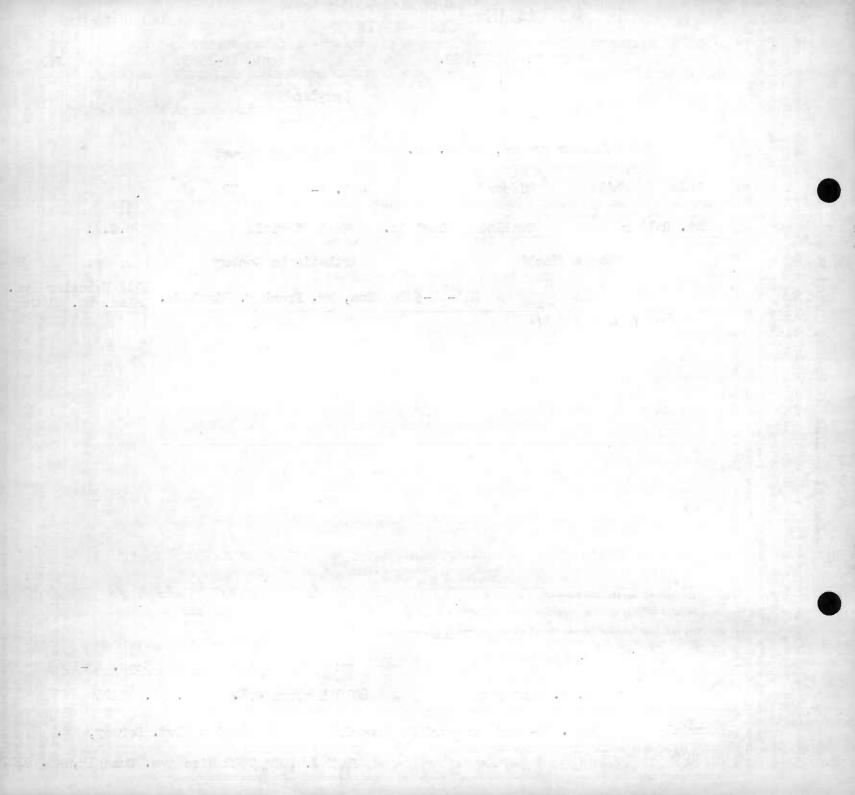
VS 150-REV. 1/1/65

TIMORE CITY HEALTH DEPARTMENT

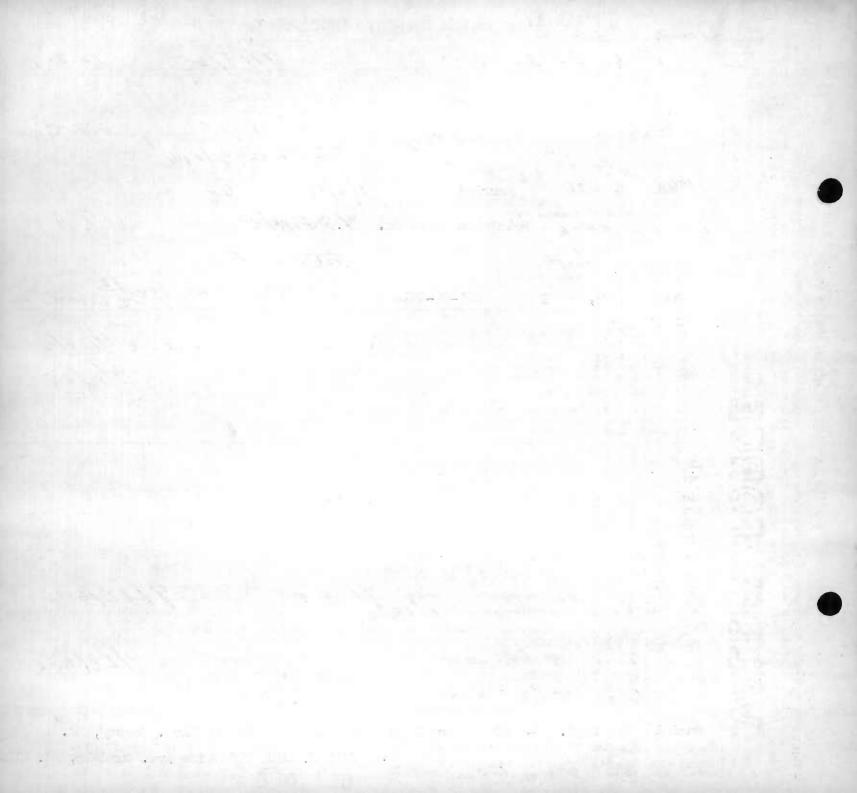


VS 150-REV. 1/1/65

1, NAME OF DE (Type or Print)		F. FIN	CH, SR.		pt. 18-1965	8 30 am
FULL NAME HOSPITAL OF INSTITUTION		or institution,	give street	Maryland B. CO	UNTY	e RURAL and give township)
0 13	311 Scheeler A	venue,	Balto. Md.		(If rural, give locotion) Street	
S. SEX	6. RACE White		D, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH Oct. 5-1887	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
	t working lite, even if retired)		hem Steel Co.	11. BIRTHPLACE (Stote or for West Virgin		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NA	Thomas Fin	ch		14. MOTHERS MAIDEN N Arthelia Mc		
	ed Ever in U. S. Armed For vn) (If yes, give wor or dote NO		16. SOCIAL SECURITY NO. 213-07-5888	Son, Mr. Frank	k F. Finch Ji	1311 Scheeler A
heort failure	LEADING TO DEATH not mean the mode of b, asthenia, etc. It meons implication which coused ANTECEDENT CAUSES	the disease deoth,)	(A) COCC	ete pelnonas	it failure	2
DISEASES rise la I UNDERLYIN	nol mean the mode of a sthenia, etc. It means to mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.	any, giving sloting the	(C)			2
DISEASES rise la I UNDERLYIN OTHER SIG	nol mean the mode of a sthenia, etc. It meons implication which coused ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A) NG CONDITION lost.	any, giving stolling the	is (C)	atic Circh	No) 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise la I UNDERLYIN OTHER SIGI TO THE DISEASE O 19A. DATE (C) OR CONTRI	nol mean the mode of a sthenia, etc. It means implication which coused ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A) NG CONDITION lost. II NIFICANT CONDITIONS CODEATH BUT NOT RELA T CONDITION CAUSING IN OF OPERATION 198. CONDITIONS CODEATH OF OPERATION 198. CONDITIONS CONDITI	any, giving sloling the CONTRIBUTINATED TO T IT.	WHICH OPERATION B. PLACE OF INJURY (c.g., in me, form, foctory, street, of	20A. AUTOPSY? (Yes or NO	No) 208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASES rise la I UNDERLYIN OTHER SIGI TO THE DISEASE O 19A. DATE (C) OR CONTRI	nol mean the mode of a sthenia, etc. It means to mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) and CONDITION lost. It is the above couse (A) and CONDITION coused (A) and CONDITION coused (A) and CONDITION COUSING IT TO THE ARCONDITION CAUSING IT TO THE ARCONDITION COUSING IT TO THE ARCONDITION COUSING IT TO THE ARCONDITION CAUSING IT TO THE ARCONDITION CAUSI	any, giving sloting the CONTRIBUTINATED TO T IT. CONTRIBUTION FOR FORMED 21 hours 21 www.energians.com.com.com.com.com.com.com.com.com.com	WHICH OPERATION B. PLACE OF INJURY (c.g., in me, form, foctory, street, of	20A. AUTOPSY? (Yes or NO no o obout 21C. WHERE DID fifice bldg., INJURY OCCUR?	No) 208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?



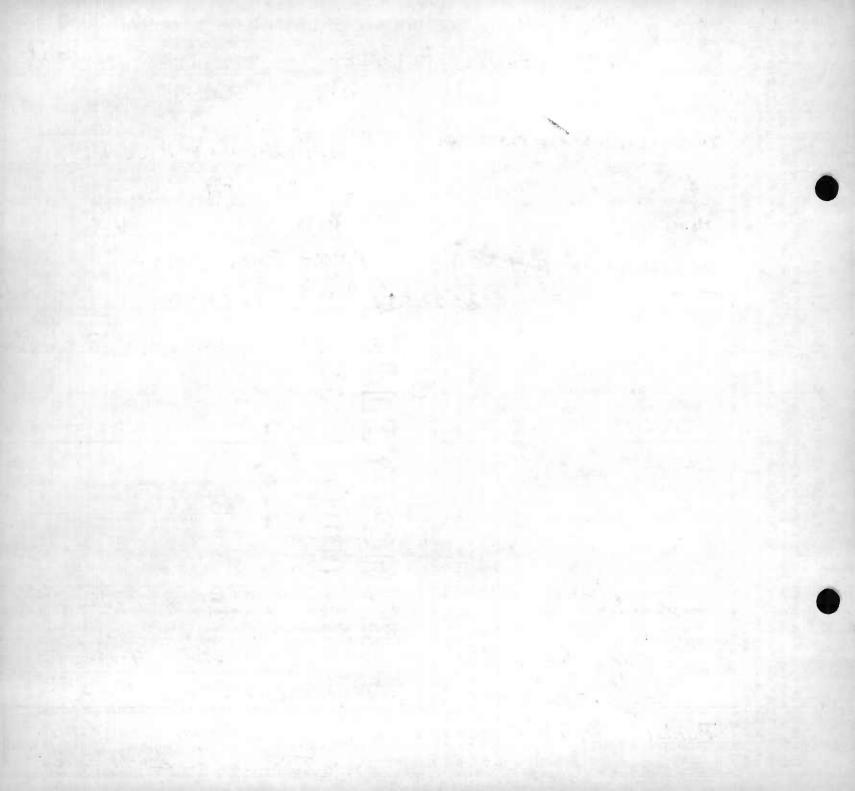
BALTIMORE CITY HEALTH DEPARTMENT

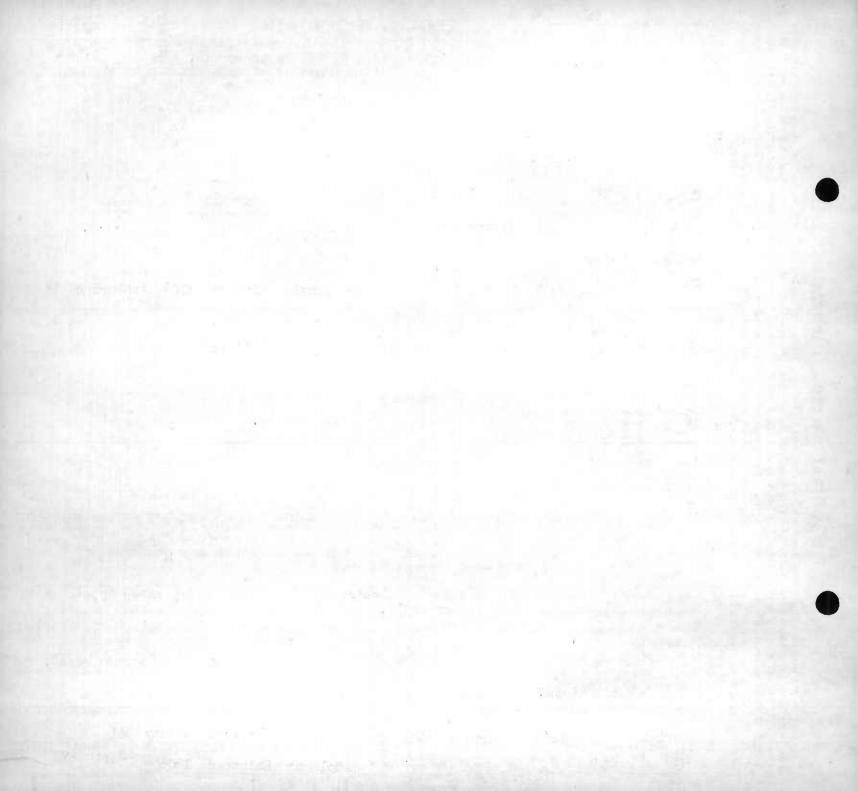


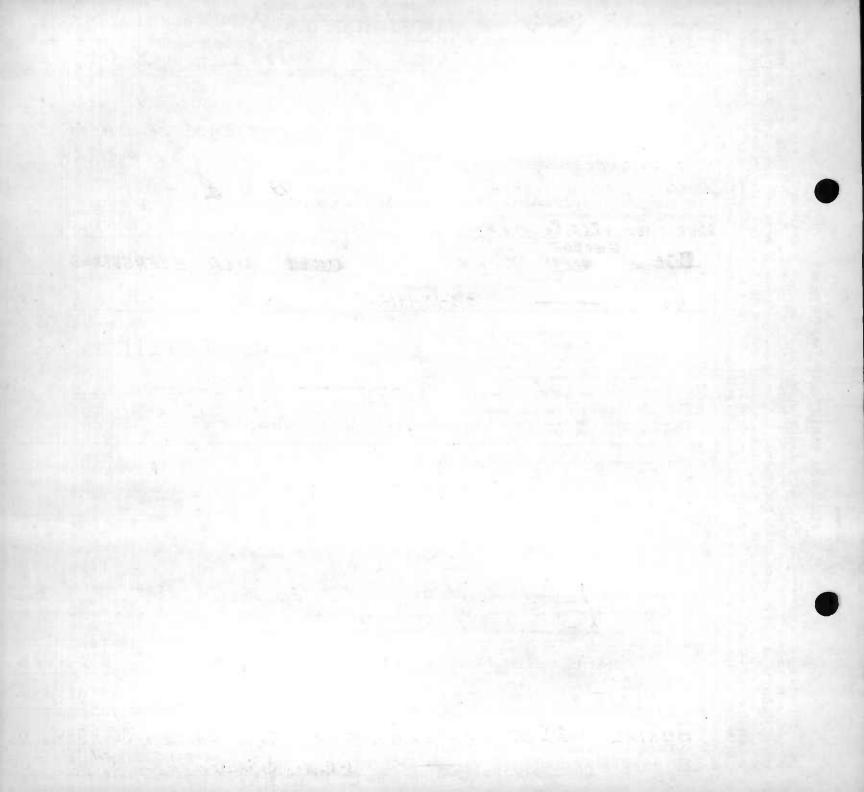
ILT	5531	BIRTH NO. CERTIFICATE OF DEATH Registered No. 5 9648
N	ched the	M.E. CASE NO.
	l and death eased n the Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	of death of death Deceased e on the	3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	200	A: STATE B. COUNTY
		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CHY OR TOWN (If outside city limits, write RURAL and give township)
	se; se; to	INSTITUTION SALLY CAR CONTROL OF THE ROLL
	ed in a ting cause; r attend prior to	D. STREET ADDRESS (If rurol, give locotion)
	0	1810 W 11829 20 1810 W MEGEL & CO
	ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	Sas	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINGSS OR INDUSTRY 11, BIRTHPLACE (Stote or Ideation Country) 12, CITIZEN OF
		done during most of working life, even il retired) 102. CITIZEN OF WHAT COUNTRY?
	deat Cunde as ire e de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
	if death rect or c (4) Undet was in the dec	A STATULES MAINER NAME
7	E E	15. Wos Defased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
4	the d the d kind; deat deat final c	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
2	f th y k d d anc	216-323732 the Jackson 1810 N 7185th
MPORTAN	0000	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH ONSET AND DEATH
3	Also, ee of a nounc atten	LEADING TO DEATH (A) M PORSTAGE C CARCINOMA
.0	o Popular	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
OR:	ner. actur pron ular mbal	injury or complication which caused death,)
CTO	Ertope	ANTECEDENT CAUSES (B) DUE TO
S	×an ×an × h × h	DISEASES OR CONDITIONS, if any, giving GASTROINTESTINAL TRACT
DIRE	ale (3)	UNDERLYING CONDITION last. (SITE PASTEMINED)
0	medical eburns; (; hysician n was in remains	
A	medi bur phys an w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
NER	a m ody he p sicia	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?
Z	0 × + B v	
u.	tal by by (2) here No ph	OR CONTENSITING CALLES OF A CONTENSITING CALLES OF A CONTENSITION CALLE
		DEATH (notify medical examiner) etc.)
	ed by hospite ature; pt wh (6) N ined b	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	the hosp ny natur except v and (6)	Work At Work
	th th (ex)	22. I certify that (I) (this hospital) attended the deceased from
	of of of be	that (I) (we) last saw the deceased alive an
	ust be assed dent deat must	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE
	must eleas ccide rcide hos to d	M.D. Attending Med. Stoff
	An An Charles	23C. PHYSICIAM'S NAME (Type) OHDS. BRACKON P. M.D. 922 S. Atach, Bult 30, How.
	# C 3 7 5	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	FTOO 0	REMOVAL (Specify) SEP 22 MT. ALLOWS
		25A. DATE REC'D BY HEALTH DEPT. 4258 NAME OF REGISTRAR 225C. FUNERAL DIRECTOR ADDRESS
	This the k show was dece	SEP 21 1965 Robert & Falure O a (Mrs) Francos A. Momsley 578 W. Middle St.
		VS 150-REV. 1/1/65

-609-	M.E. CASE NO.	55 9649
pital and of deatl	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If ins 14. USUAL RESIDENCE (Where deceased lived, If ins	13:14 A.
in a hospin ng cause of cause; (5) De artendance for to deat	FULL NAME OF HOSPITAL OR INSTITUTION. (If not in hospital or institution, give street oddress or location) Clause of Hospital Or Institution. (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RI Ballungal D. STREET ADDRESS (If rurol, give location)	JRAL and give township)
ar de.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 h Months Doys Hours Min.
r contrib determin in regula	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) tione during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
direct or c ; (4) Undet th was in the dec disposition	13. FATHER'S NAME 14. MOTHER'S MANGEN NAME William FI. Bonwill Mary Muller	CON
the dir kind; death nce on final di	5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 215-03-10215 Court	ADDRESS
so, if of any unced tenda	18. 433 O CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND PEATH
miner or miner. Als fracture o ho pronou egular atte embalme	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (A) Carclese Arrest DUE TO (B) (B) DUE TO	day
d exa (3) A (3) A (an w ins are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C) Cremia & push all premium and push all	unil
f medical medical y burns; physici ian was e remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Bod the the ysic	E	NDINGS CONSIDERED SES OF DEATH?
re; (2) where No ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exact location)
hosinaturaturaturaturaturaturaturaturaturatur	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Not While At Work Al Work	
to the of any all (except); an be obt	22. I certify that (I) (this hospital) attended the deceased fram	9- 20 19 65
leased to cident of hospital o death)	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A SIGNATURE M.D. Attending Med. Director Phys.	23B. DATE SIGNED
An acc	23 SAHY CIANS NAME (Type) A. E. SUBON G, JR M.D. Church Home &	Hoghtop
D.G ase	24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City Entantonium) Parties Bullimar Bullimar 25D. DATE REC'D BY HEALTH BEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 4204	(Stote
	SEP 21 1965 Relieb E. Farbught o Harry Chrimagost Ballo	md. 21212

4548 Wender Elm 210 43 72 F W married Mary lama 1688 A wife Mary Miller Welliam H. Bornell Chart Carden Kront and a margaret A E SUBONG JR Church How & Hope to







BALTIMORE CITY HEALTH DEPARTMENT

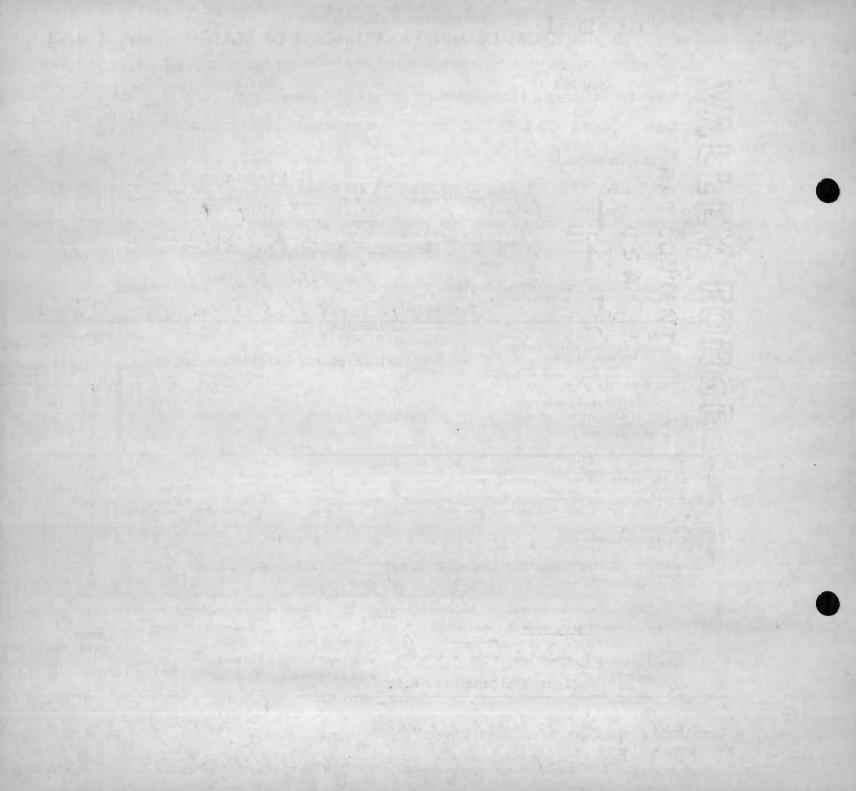
FILE STATE OF THE STATE OF Maryland From White land seller Batton My Hora Myle White Mand shirty of Class E Cole does Alberta Coc Manufacture of the second of t My countril Infection ASHO. SAWA HORE BEEN TO 10/6 SI SIL OIL 1 Stall Marghan Jat Stephen Margolis Mod Conson

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

1410	CASE NO.			
1. (Ty	NAME OF DECEASED GEORGE BATZ	September 16, 1965 1:55 P		
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
		A. STATE B. COUNTY		
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
1		Baltimore		
1	Sinai Hospital	D. STREET ADDRESS (If rurol, give location)		
1		1123 Reisterstown Road		
		<u> </u>		
5. S	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 10st birthday Months Doys Hours Min. 10st Min. Months Min. 10st Min. Months Min. 10st Min. Min. Min. 10st Min. Min. Min. 10st Min. Min. Min. Min. 10st Min. Min. Min. Min. Min. 10st Min. Min. Min. Min. Min. 10st Min. Min. Min. Min. Min. 10st Min. Min. Min. Min. Min		
1	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY			
dog	dering most of working life, even if refired) FATHER NAME THE NAME THE STATE OF BUSINESS OF INDUSTRIAL FATHER NAME THE STATE OF BUSINESS OF INDUSTRIAL TH	Bafter Co What Country?		
13.	ATHERS NAME	14. MOTHER'S MAIDEN NAME		
	Charrad DAL	Loretta Dur		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 7 116, SOCIAL	17. INFORMANT ADDRESS		
(Ye	s, ag or unknown) (If yes, give war or dotes of service) SECURITY NO.	h DOVAN AND COM		
	Mes 4 1010- 718094945	There Bouled all al But I had but		
	118. CALISE	OF DEATH INTERVAL BETWEEN		
	7 K 201/1	ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY			
	LEADING TO DEATH (A) Arteri	osclerotic cardiovascular disease		
	(This does not meon the mode of dying, e.g., DUE TO heart foliuse, osthenio, etc., It meons the disease, injury or complication which caused death.)			
	ANTECONDON'T CAUSES			
	ANTECENDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO			
	UNDERLYING CONDITION LAST.			
Z	(C)	***************************************		
은				
<	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
유	TO THE DEATH BUT NOT RELATED TO THE			
E	DISEASE OR CONDITION CAUSING IT.			
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
AL	21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,			
EDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?		
Σ	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?		
	OF INJURY			
	(APPROX.) WHILE AT NOT AT W	WHILE ORK		
	22.	apsy X and that an this basis, death In my apinlan		
	resulted fram: Natural causes X Accident Suicid	Homicide Undetermined manner		
	1			
	1/1/2	CHIEF MEDICAL EXAMINER DATE SIGNED		
	ACTUAL KSEET UN MILE	ASSISTANT MEDICAL EXAMINER		
	EXAMINER'S Rudiger Breitenecker, M	ACCOUNTE MEDICAL DAMMITTAL		
23/ PE	NOVAL (Specify) 23B. DATE 23C. NAME of CEMPTERY	CREMATORY 23D. LOCATION (City, town, or county) (Stote)		
1	145.01 Sty 15 G. X VA 16	1 111 /511		
1	muly by the somether	The faller freeze		
241	A. DATE REC'D BY HEALTH GEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS		
	SEP 21 1965 (P.O. A & Farley MA	X1 (4 1/2) 01 640 (1)		
	or by long of contrained	MINEL H MILLEY, Veblised C		
-				



503 p4pe4	M.	H NO. CASE NO.	KIIIICATE OF BEATITY	Registered No. 65 9655
spital and s of death) Decease nce on the	(Ту	LAWPENCE KNIC	2. DATE AND 2. DATE AND 4. USUAL RESIDENCE (Where B. COUNTY	HOUR OF DEATH 7 -60 7: 20 deceosed lived. If institution: residence before odhissia
d in a hosping cause ocause; (5) Dattendance		ULL NAME OF (If not in hospital or institution, give street oddress or location) STITUTION Church Amer F Amp	Bott invone	le city limits, write RURAL and give township) ol, give location)
contribution of the regular re	104	WIDOWED, DIVORCE WIDOWED, DIVORCE WATER USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS during most of working life, even if retired)	ARRIED ED (specify) OR INDUSTRY 11. BIRTHPLACE (State or foreign	WHAT COUNTRY?
if dea rect or was i	13.	Estimator Martin C ATHERS NAME LANGENCE KNIGHT	14. MOTHER'S MAIDEN NAME SR. LENA PH	16195
	(Ye	Vos Deceosed Ever in U. S. Armed Forces? Ino or unknown) (If yes, give wor or dates of service) 2/5-0	ity No. Ital O	Knight 308 Cedor D
his so, of or und		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) chromic stomero	ONSET AND DEATH
JRECTOR al examine examiner (3) A fract an who pr		heart failure, osthenia, etc. II means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stating the UNDERLYING CONDITION lost.	(B)	
AL nedicedic	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	190A JUDGGUG W. N. V.	
FUNER, the chief r al by a m (2) Body b iere the pl	CAL CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE Of home, form, for party light of the property of th	FINJURY (e.g., in or obout 21C. WHERE DID ctory, street, office bldg., INJURY OCCUR?	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
hospi hospi nature ppt w	MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY (OF INJURY (APPROX.) While AI Work	Not While At Work	
t be approved to the sed to the spiral (axc) except (axc) earth; and earth; a	9	22. I certify that (I) (this hospital) attended the decease that (I) we last sow the deceased alive on ond hour and from the couses stated above. (I) (We) d	-/7 19 6V and that	in (my) (our) opinion death occurred on the d
mus elea ccide ccide to d	Toval must	23G. PHYSICIANS NAME (Type) JOSÉ S. Marsog	Phys. Director Ph	238. DATE SIGNED 9-17-81
This certificate the body was shows: (1) An owas 0.0.A. at deceased prior	Z	BURIAL CREMATION, 24B. DATE 24C. NAME OF CI REMOVAL (Specify) 9/21/65 Morelas DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTI	METERY OF CREMATORY AR 125C/FUNERAL DIRECTOR	Galto. ADDRESS ADDRESS
This the bashow was		SEP 21 1965 P. Call E. Falley M. 11		8728 Leberty RA. Randollston

List again Cherch many ing Soll ander Drive KS 11-01-8 depth on the sounded Mongleon Estimater Harton Co. LOVE PHYLLIPS LAMBEING LUIGHT - almente Zituerala mysterial Jean a manager Last & Warred Church How & Margine

65 9656

BIRT	TH NO. NEW Jerk	LLY MED	ICAL EX	CAMINER'S CH	ERTIFICATE O	OF DEATH Registe	ered No.	1656
-	E CASE NO.						TD 0540	
(Ty	NAME OF DECEASED	COLIN	N.	WEBSTER	The state of the s	eptember 19, 19		4:15 P.M
3. P	LACE IN BALTIMORE,	MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	(Where deceased lived, If ins B. COU	Intuition: residence	before odmission
HO	LL NAME OF (IF I SPITAL OR ADI	NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	c. CITY OR TOWN	I and fourside corporate limits, write	e RURAL and giv	e township)
12	/ τ	Jnion Mem	norial H	ospital	D. STREET ADDRESS		00.00	
5. 5	EX 6. RACE		T MAADDIED	NEVER MARRIED	8. DATE OF BIRTH	Gateswood Road 9. AGE (In years	I K Hadaa 1 Va	If Under 24 Hrs
	Male	White *	WIDO WED,	DIVORCED (specify)	7/3/1960	lost birthday)	Months Doys	Hours Min.
	. USUAL OCCUPATION during most of working lit		TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF	
12	none		nor	re	New Jer	sey	USA	
13.	FATHER'S NAME							
	George !	H. Webst	er		Audrey	toster		
	WAS DECEASED EVER			16, SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no	none		none	Audrey 17. INFORMANT Family	records		
-	1B.)	11			OF DEATH		INTER	RVAL BETWEEN
	- /- /·	7					ONSI	ET AND DEATH
	LEADI	CONDITION DI	RECTLY	Dwarr	n i n a			
	(This does not mean	n the mode of	dying, e.g.,	(A) Drow	ning	***************************************		
	heart failure, asthenio	n which caused	deoth.)					
	ANTECE	NOENT CALIC	e					
	DISEASES OR COI	NDENT CAUSE NDITIONS, IF A		(B)	000000100000000000000000000000000000000			
	RISE TO THE ABOV	E CAUSE (A) S'	TATING THE	DOE 10				
z	UNDERLYING CON	ADITION LAST.		(C)				
Q		11						
CERTIFICATION	OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTII	NG				
문	TO THE DEATH			HE				
RT	19A. DATE OF OPERA			WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FI	NDINGS CONSID	DERED
ü	21	WAS PER	FORMED		Yes	IN CERTIFYING CAU	SES OF DEATH?	
4	21 A. EXTERNAL CAUS		21 B.	PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE	DID (If in Boltimore City, gi)
EDIC	UNDERLYING OR COUTING CAUSE OF E		home etc.)	, farm, foctory, street, o			3-3-	00
ME				Swimming pool		ateswood Road		
	21 D TIME (Month OF INJURY			TE. INJURY OCCURRED		D INJURY OCCUR?		
	(APPROX.) 9	19 65	3:20 ^P _{m.}	WORK AT W	ORK Found	submerged in s	wimming p	0001
	22. I certify tho	t I held on I	nquiry 🗌	Inspection Aut	opsy and that	on this bosis, death in a	my opinion	
	resulted from	n: Notural ca	uses A	Accident X Suicide	Homicide	Undetermined monn	er 🗌	
						AL EXAMINER X		
	ACTUAL	1)	20	· P. a			DA	TE SIGNED
	SIGNATURE	UY	10, v	M.D.	ASSISTANT MEDIC		9-1	20-65
	EXAMINER'S NAME (Type)	70		Diches M.D.	ASSOCIATE MEDIC	AL EXAMINER	3-2	
23.4	BURIAL CREMATION			G. Fisher, M.D.		23D. LOCATION (City	, town, or county)	(Stote)
	MOVAL (Specify)	- /- /	23				21.4	(31016/
	Burial	9/20/0	55 6	Oulaney Valley	t Menmorial	Cockeysville		
24/	A. DATE REC'D BY HEA	LTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIE	RECTOR	ADDRE	SS
	AND A .							

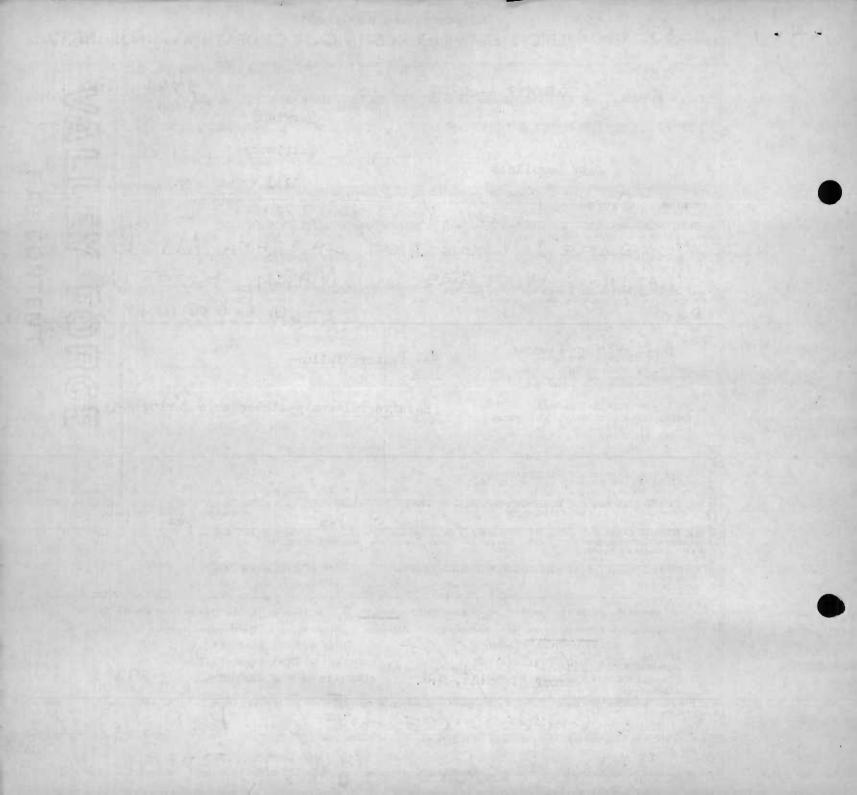
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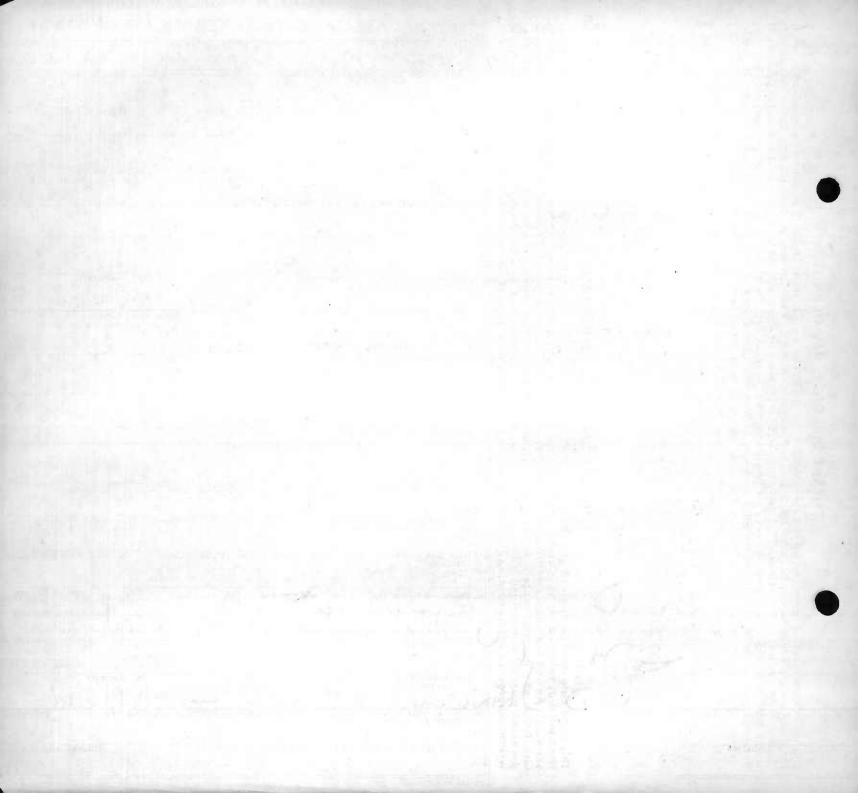
John Burns Sons

Towsa

the tribe white Best of 18405 Caroney Valley Permissed Conservables, Ith. Same Same Same Tomas

		BALTIMORE CITY HEA			
BIRTH NO. 65	9657MED	ICAL EXAMINER'S C	ERTIFICAT	E OF DEATH Regist	ered No.5 9657
M.E. CASE NO.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. NAME OF DEC	EASED			2. DATE AND HOUR PRONOUNG	CED DEAD
	CHAR	LOTTE L. GRANT		9/9/	/65 3:10 p. M.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived. If in B. CO	stitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	M:	aryland	
HOSPITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TOW	N (II outside carporote limits, w	e RURAL and give township)
				altimore /	604
1	City Ho:	spitals	D. STREET ADDR	ESS (If rural, give location)	
5. SEX				1113 McKean Ave.	
female	6. RACE colored	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
		maniel	yan /	-1931 34	
	JPATION (Give kind af war vorking life, even if retired)	LIOB. KIND OF BUSINESS OR INDUSTR	WIII BIRTHPLACE	state or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAM	EWIFE	Domestic	LA	PIATA, IVIC	U.SA
13. FATHER'S NAM	IE.	1	14. MOTHER'S MA	AIDEN NAME	
IVA-	TTHEW	WINTERS	1716	TRY KOS	STIM
	DEVER IN U.S. ARMED		17. INFORMANT	TI.	ADDRESS
No			SAD	NH ElISAL	eth WINTE
1B. / 7	2/2.	CAUS	E OF DEATH	1711	INTERVAL BETWEEN
DISEAS	SE OR CONDITION DI	DECTI Y			ONSET AND DEATH
	LEADING TO DEATH	Respira	tory failu	re	
(This does n	not mean the made of asthenia, etc. It means application which caused	dving e.g. Due to			
Injury or cor	npiicollon which coused				
	NTECENDENT CAUSI	es (8) Massiv	e pulmonar	y atelectasis dur	ing delivery
RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S				
	IG CONDITION LAST.	(C)			N/E
OTHER SIGN	11	, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OTHER SIGN	NIFICANT CONDITIONS				
DISEASE OF	DEATH BUT NOT RE				
DISEASE OF		DITION FOR WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE F	
100	WAS PER	FORMED	yes	IN CERTIFYING CAU	SES OF DEATH!
Q 21 A. EXTERNAL		218. PLACE OF INJURY (e.g., home, form, loctory, street,	in or about 21 C. W	HERE DID (II in Baltimore City, g	ive exact location)
UTING CAU	SE OF DEATH.	etc.)			
E 21D TIME	(Month) (Doy) (Yea	r) (Hour) 21E. INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE		
22.			VORK		
l cert	ify that I held an I	nquiry Inspection Au	tapsy X and	that an this basis, death In	my apinian
result	ted fram: Natural ca	uses X Accident Suicid	de Hamicla	le Undetermined mann	er v
	1 110	1-1-	CHIEF ME	DICAL EXAMINER	DATE SIGNED
SIGNATI		ula 1. 2 and M.D.	ASSISTANT ME	DICAL EXAMINER	
EXAMIN		r U. Spitz, M.D.		EDICAL EXAMINER	9/10/65
NAME (1	Гуре)		1 10 10 10 10 10		
23A. BURIAL CREA		23C. NAME OF CEMETERY	or CREMIATORY	23D. LOCATION (City	y, town, or county) (State)
BUR	41-P /Ai	-65 DAKRED	HEARTI	en hAP	1919 ///
24A. DATE REC'D	BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNERA	LDIRECTOR	ADDRESS
SEP 21	1965 00		11000	CT LOWENAL	Han 11/11/11
Soul all		8 2 Top	TITOLO	1 DUVERA	TIOME, VVAICORE
VS 151-REV. 1/1/	03	- 13 MONOROWALL IN	0 1	6 4	1





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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No . NAME OF DECEASED AZIMERAS 2. DATE AND HOUR PRONOUNCED DEAD September 19, 1965 2:10 P. M. CHARLES DAUKANTAS 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Baltimore UNION MEMORIAL HOSPITAL D. STREET ADDRESS (If rurol, give location) Avenue KICHWOOD S. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) lost birthdoy Months, Doys, Hours, Min. Male White 48 IGA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BATTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT, COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and the second Unna. ADDRESS IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 7. INFORMANT Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO disease ANTECEMDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg. INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) MHILE AT NOT WHILE 1 certify that I held on Inquiry Inspection Autopsy X and that on this basis, death In my opinion resulted from: Notural couses x Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 9-20-65 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) Russell Fisher. 23A, BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY

REMOVAL (Specify)

VS 151-REV. 1/1/65

23D. LOCATION

(City, town, or county)

24B, NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT.

24C. FUNERAL DIRECTOR

ADDRESS

23)

yes in The story the harden lander The soul and 53/65 July Ledwar En Lattin The state of the s

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

ADDRESS

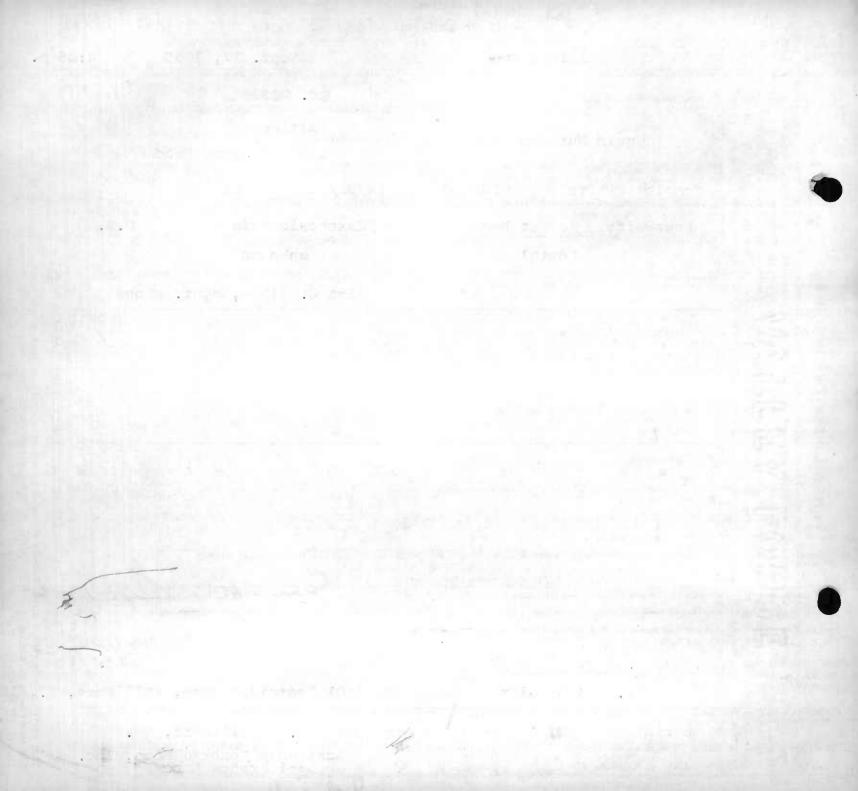
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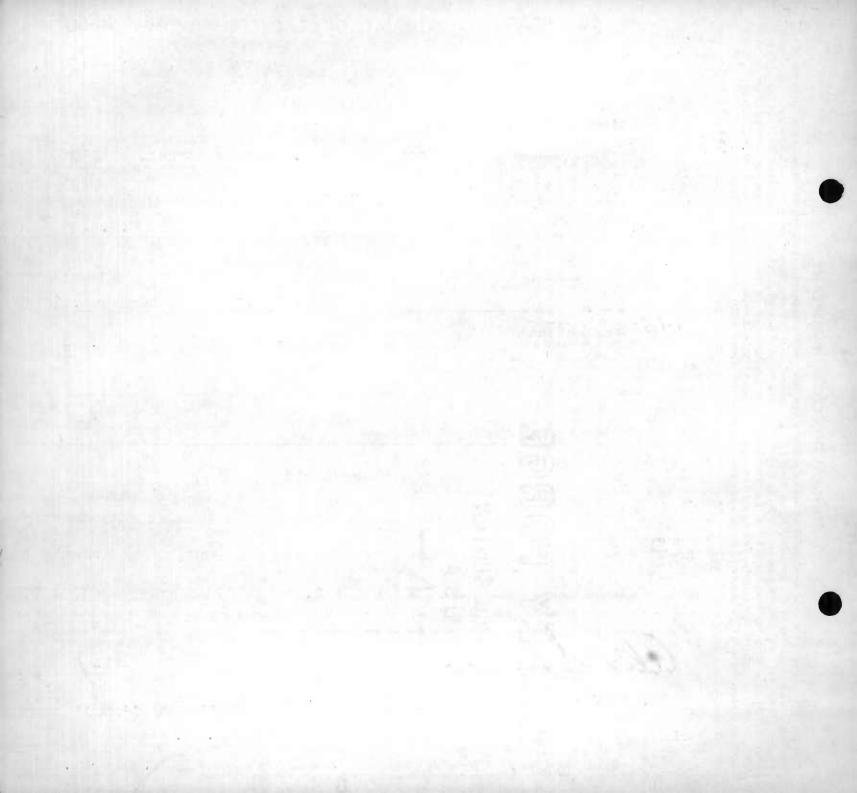
BIRTH NO.	MED	ICAL EXAMINER'S C	ERTIFICATE OF I	DEATH Registere	ed No	
M.E. CASE NO.						
Type or Print)			2. DATE AND HOUR PRONOUNCED DEAD			
		O. CHANDLER	September 17, 1965 8:10 A _{M.}			
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			Maryland			
HOSPITAL OR	ADDRESS OR LOCA		C. CITY OR TOWN (If outsid	e corporote limits, write l	RURAL ond give tawnship)	
			Baltimore		72-01	
S	outh Baltimor	ce General Hospital	D. STREET ADDRESS (If rurol,		91	
	the second second		33 Montgor		st)	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	
male	white	Divorced	10/17/24	40		
		10B. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?	
Cler	working life, even if retired)	Aircraft	W. Virgini	а	WHAT COUNTRY:	
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAM			
F	ay P. Chand	dlan	Monage to T	Tamana		
15. WAS DECEASE	D EVER IN U.S. ARMED	D FORCES? 16. SOCIAL	Margaret K	. Lawrence	ADDRESS	
(Yes, no ar unknawn	(If yes, give war ar date		16. D. 11. 11			
Yes	WW II	236 22 158		itchell Re	isterstown, Md	
1B.	2211	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION DI					
(This does	LEADING TO DEATH	(A) ALLELI	osclerotic cardio	ovascular dis	Sease	
heort foilure	, osthenio, elc. It meons	s the disease,				
	ANTECENDENT CAUSI	(B)				
RISE TO TH	OR CONDITIONS, IF A	TATING THE			A STATE OF THE STA	
	NG CONDITION LAST.	(C)				
<u> </u>	11					
OTHER SIG	NIFICANT CONDITIONS					
DISEASE O	DEATH BUT NOT RE					
	POPERATION 198, CON	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)			
Ö	WAS PER	(FORMED ,	Yes	IN CERTIFYING CAUSE Yes	S OF DEATH?	
Z 21 A. EXTERNA	L CAUSE WAS	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Baltimore City, give	e exoct location)	
UTING CAU	OR CONTRIB-	etc.)	office bldg., INJURY OCCUR?			
E 21 D TIME	(Manth) (Day) (Yea	m) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
OF INJURY	Widinia (Day) (100		WHILE			
22.		m. WORK AT	WORK			
	tify that I held an I	Inquiry Inspection A	utapsy X and that an th	is basis, death In my	apinlan	
resu	Ited from: Notaral ca	auses X Accident Sulci	de Hamicide	Undetermined manner		
	1/1/		CHIEF MEDICAL EX	CAMINER		
ACTUA		Iteo Curley	ASSISTANT MEDICAL EX	AMNERK	pt. 17, 1965	
EXAMINAME (NER'S Rudig	ger Breitenecker, M/	. ASSOCIATE MEDICAL EX	KAMINER	spc. 17, 1909	
23A. BURIAL CRE	MATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. L	OCATION (City, to	awn, or county) (State)	
Buria	- 1	/65 Monte Vis	ta Park Cem.	Bluefield,	W. Va.	
	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS	
SEP	21 1965 12 0	rest E. Farbermit	JOHN F. DI	ENNY THO	715 Light St.	
			O J. C. D.	THE THO	TO LIGHT St.	
VS 151-REV. 1/1,	(00)	7 1 2 2 1 1 1				

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IMPORTANT

DIRECTOR:

FUNERAL

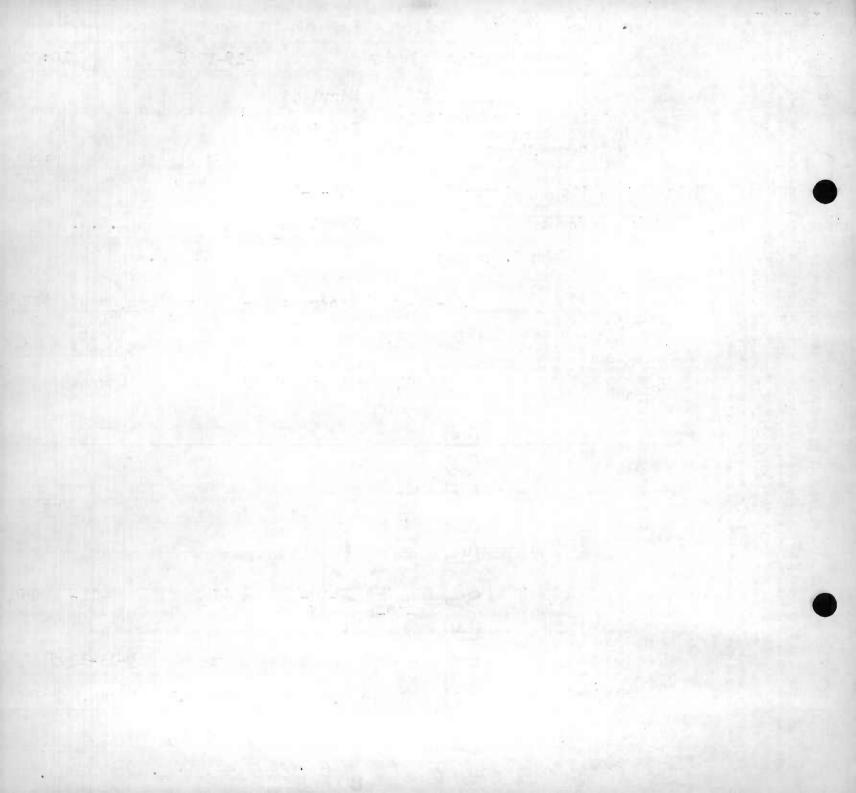
BALTIMORE CITY HEALTH DEPARTMENT

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	() P=-	0000	BALTIMORE (CITY HEALTH DEP	ARTMENT		65	0000
BIRTH NO.	65	9668	CERTIFIC	CATE OF D	DEATH	Registered No	. 00	3668
M.E. CASE NO.	CEASED				2 DATE A	ND HOUR OF DEAT	Н	
Type or Print)	6 ppma	101 -1	W/0 1/01.	m c				
	C/CK/Man	10 1	HENRY	W. Sr.	Sep	t. 18, 1965		
. PLACE OF DE	EATH IN BALTIMORE, M.	ARYLAND		A. STATE	B. COU	ere decéased lived. If NTY	institution: resi	dence before odmis:
SILL NAME	0.0			AA.	nuland		120	1/4
HOSPITAL OR		or institution, g	jive streel	C. CITY OR T	ryland		100	1/18-
INSTITUTION		1 1	364		ltimore	utside city limits, writ	e KUKAL ond	give township)
47	11 .	是 京	district.	Da	LUIDRE			3-00
/	Mercy Hospi	tal		D. STREET AD	DRESS (II	rural, give location)		
1		1		451	3 Fores	t View Aver	rue	
. SEX	6. RACE	7 AAADDIED	NEVER MARRIED	8. DATE OF BI				V. 16 II. 3- 04
			, DIVORCED (specify		- 1	9, AGE (In years lost buithday)	Months D	Yr, If Under 24 Poys Hours Mi
Male	White		ried	Jan. 23	, 1894	//		
DA, USUAL OCC	CUPATION (Give kind of wo	rk 10B, KIND OF	BUSINESS OR INDU			eian country)	12. CITIZE	N OF
	f working life, even if retired)							COUNTRY?
Mach.	inist	8.7.	Codd &Co.	Germa	וות	74		
3. FATHER'S NA		and the make the party of	il in a sure	14. MOTHER'S		ME		
			of the same of the	ary : "		100		
Unknown				Unk	enown '			
5. Was Decease	d Ever in U. S. Armed Fo	orces?	1 6, SOCIAL	17. INFORMAN	NT.			DDRESS
res, no or unknow	(If yes, give war or do	les of service)	SECURITY NO.					
NO		1	215-09-184	8 Martha	H. Fio	rmann - San	ne.	
18. 11 n	0.1.		CAUS	E OF DEATH	in Care			TERVAL BETWEEN
1/2	011	6/2	2	OI DEATH	0	, -		NSET AND DEATH
DISEA	SE OR CONDITION D		SELL SE	m/ norandi	in i	Larelion		minuter
1995	LEADING TO DEATH		() (本)	" To go care	1	79		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(This does	not mean the mode o	f dying, e.	POUE TO	1/1	1	7	ſ 0	
near tollure	, osthenia, etc. It meon mplication which cause	d death	AP DIC	the state of the s	. 101-	111		
111/01/ 01 00		-	2 Z 3	renos	entro	un gen	1.	
	ANTECEDENT CAUSE	s of	OUE TO	•	***************************************			
DISEASES	OR CONDITIONS, if	any, gi ting	5 4			0		
	he above cause (A)		X 3 20					
UNDERLYIN	IG CONDITION lost.		2 2 4					
			=0 -	1. 10		. 001		- /
OTHER SIGN	VIFICANT, CONDITIONS	CONTRIBUTING	E - S	ear Th	rombe	see left	10	7 days
E TO THE I	DEATH BUT NOT REL	ATED TO THE	i d			1	10	1 ange
DISEASE OF	CONDITION CAUSING	IT.			-			<u> </u>
19A. DATE O		NOTION FOR V	VHICH OPERATION	20A. AUTO	PSY! (Yes or N		E FINDINGS C	ONSIDERED
E13 9-	18-65 WASTE	KI-OKMED OF	angrene			IN CERTIFYING	AUSES OF DE	AIR
21A. ACCIDI	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e	a. in or about 21 C.	WHERE DID	(If in Bolder	fore City, give	exact location)
OR CONTRIB	SUTING CAUSE OF	hom	e, form, foctory, stree	t, office bldg., INJU	RY OCCUR?		iote etty. grte	CROCK 1000110117
DEATH (notif	ly medical examiner)	etc.)						
21D. TIME	(Month) (Day) (Year)	(Hour) 21E,	INJURY OCCURRED	21 F. I	HOW DID IN	JURY OCCUR?		
OF INJURY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				IIOW DID III	JOK! OCCOR:		
(APPROX)		Wor		While				
-				- A	->-	65	0_	16-1
22. I certify	y that (1) (this haspita	i) ottended th	ne deceased fram			.19" to		19
that (I) (we) last saw the deceas	ed alive an	4-	18-19 6	S and t	hat in (my) (our) a	plnian death	accurred on the
			\					
	nd fram the causes sto	ated above. (1) (We) (did) (did no	t) view the bady	after deoth.			
23A, SIGNAT	URE	0 1/1					23B. DATE	SIGNED
	X) Numar	K all	M.D.	Attending	Med.	Stoff T	C	-18-15
7	Je will	1 July	//!	Phys.	Director	Phys.	7	10 0 1
23C. PHYSICI			0/1	23D. ADDRESS	21	1/		
NAME	Abei T E	KELL	YU.	1.D.	TERI	TY It	OSPIT	AL
	J. E.	12020	(- 1	1 401	-/		. ,
4A. BURIAL CR	EMATION, 248, DATE	24C. NA	ME of CEMETERY of	CREMATORY	24D.	LOCATION	(City, town, or	county) (Ste
REMOVAL	(Specily)		11 6			1. 4.1		
Buria	1 Sept. 22.19	165 Oa	uk Lawn Geme	etery	1 6	Balto. Md.		
SA. DATE REC'I	D BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNE	RAL DIRECTO	P = -	- 0 :	ADDRESS
0.00	- 1 1000 4			John	(. Mill	ler Inc-641	5 Belair	Rd.
SEP	21 1965 120	Bo C of	1. (4.14.)	0	0			
\$ 150-REV 1/1	765	000						

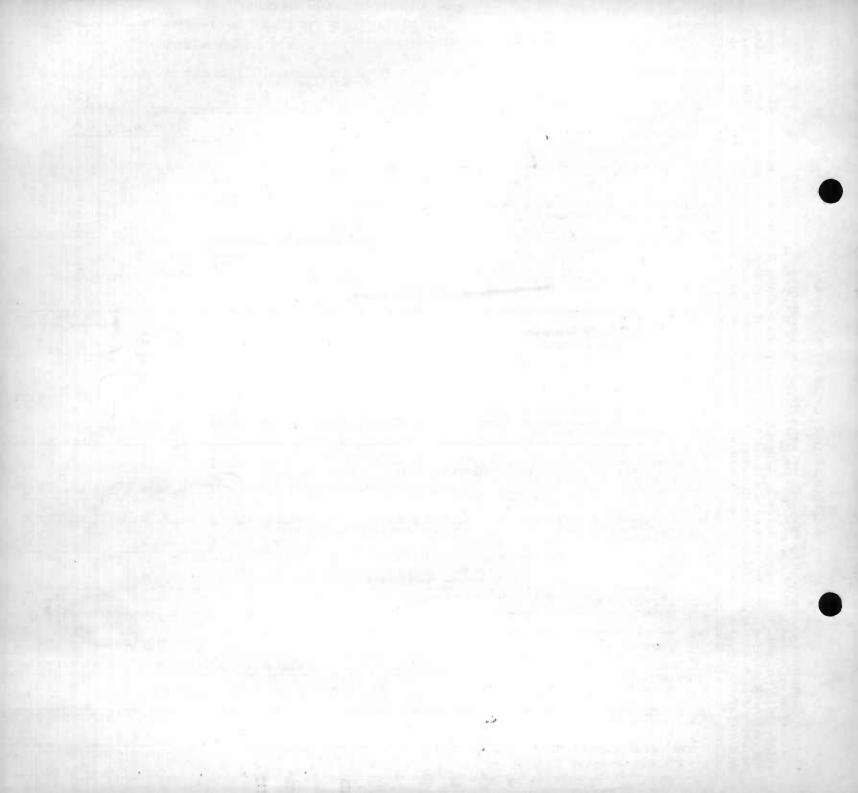
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B-44-47-88	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. — 6.	5 9669
death death ocease on the	M.E. CASE NO. 1. NAME OF DECEASED (Typo or Print) Charles Menzies Mulcahy 2. Date and F JR OF DEATH 9-19-1965	10:00P
d in a hospit ing cause of cause; (5) De attendance rior to death	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224 Baltimore, Maryland 21224	AL ond give township)
th occurr contribu etermine n regula oceased on is mad	Male White Divorced 12-5-1908 lost birthdoy) 56	Under 1 Yr. If Under 24 Hrs. Onths Doys Hours Min. 2. CITIZEN OF WHAT COUNTRY? U.S.A.
if decect of the was the deposition	13. FATHERS NAME John D. Mulcahy 14. MOTHERS MAIDEN NAME Ella M.	
STAI sista the the kind death death mice of inal	15. Wos Deceased Ever in U. S. Armod Farces? (Yos, no or unknown) (If yes, give wor or dotes of sorvice) No 16. SOCIAL SECURITY NO. 217-01-1005 Records: BCH-4940 Easter	
or his as Also, if re of any nounced attenda		About Weeks
ECTOR: examiner. 3) A fracture who pro n regular are emba	(This does not meen the mode of dying, e.g., heart foilure, esthenia, etc. It means the disease, injury or complication which coused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	Unknown
r medic medic y burn physican we	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 100 110 110 110 110 110 110 110 110 1	DINGS CONSIDERED
	WAS PERFORMED YOS IN CERTIFYING CAUSES	ty, give exect locotion
ed by ature (6) h w fq	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?	
e approof to the of any (excl (excl th); and bo obt	22. I certify that (I) (this hospital) attended the deceased fram 8-17- 19 65 to that (I) (we) last saw the deceased alive an 9-19- 19 65 and that in(my) (aur) apinion and haur and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.	
ificate must be y was released 1) An accident character to deat a prior to deat approval must	23C. PHYSICIANS NAME (Type) 23D. Address 23D. Address 23D. Address 23D. Address	9-19-1965
cert body 7s: (D.O ase	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, to Burial 9/23/1965 Loudon Park Cemetery, Baltimore, No. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	aryland ADDRESS
This the I show was dece	SEP 21 1965 P. D. A. F. Fallynd John A. Moran Inc 3000 E. B.	Baltimone St.



	65 0	10170	BALTIMORE CITY	HEALTH DEPARTMENT		CE CO
IRTH NO.	CERTIFICATE	AMENDER	CERTIFICA	TE OF DEATH	Registered Na.	00 9670
NAME OF DE	CEASED	I'm Go't	346-3.75Mm	2. DATE	AND HOUR OF DEATH	
Type or Print)	Thornac	1. K	2×11		D-16-6	5 12:40 B
PLACE OF D	EATH IN BALTIMORE,	MARYLAND	10//	4. USUAL RESIDENCE (W	here deceased lived. If i	institution: residence before odgrissia
				Mary/an		· CI
HOSPITAL OF		pitol or institutio cotion)	n, give street			RURAL ond give township)
INSTITUTION	11201 12		in iti	Baltimor		ware one give lownship?
Cn	urd /20	ME T	11/1/20		If rurol, give location)	
	X	in the surface of	Marie	25/5.	Proced No	ay
SEX	6. RACE		ED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
Male	W		NED, DIVORCED (specify)	1-3-03	lost birthdoy)	Months Doys Hours Min.
A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF
ne during most o	of working life, even if retir		C C	0 1		WHAT COUNTRY?
FATHERS NA	irner	Patp	asco Scrap (or		anna	2. 77
A PAINERS NA	AIVIE	Alle water .	water and the state of the state of	14. MOTHER'S MAHDEN N	AME	
GROI	Je Kroll	THE MAN THE PROPERTY OF THE PARTY OF THE PAR	Jane Land	1 revig		
	of Ever in U. S. Armed		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
10			180-07-5274	Mrs. Vivian	9. Kroll 25	7 S. Brondura
18.	0. 9 M ho	2 1 1	86-07- X 74 CAUSE C	F DEATH	J. 10000 2)	INTERVAL BETWEEN
DISE	ASE OR CONDITION	DIRECTLY	1			ONSET AND DEATH
	LEADING TO DEA		(A)	is curoma	luck +	1
	nal mean the made			adunal.	& Luca	**************************************
	implication which cau		30,			7-1-
	ANTECEDENT CAL	JSES	(B)	************************************	************************	
DISEASES	OR CONDITIONS,	if any, givi				
	he above couse NG CONDITION last.		he (C)		***********	
ONDERLIN	45 CONDITION Idsi,	Y				
OTHER SIG		IS CONTRIBUT	ING.	1	2 /-	
TO THE	DEATH BUT NOT	RELATED TO	THE / when	onamy /1	B. Delvi	(3)
		CONDITION FO	R WHICH OPERATION	20A. AV OPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE C	WAS	PERFORMED		cres	IN CERTIFYING CA	AUSES OF DEATH?
J 21A. ACCID	ENT WAS UNDERLYIN	IG 🗍	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Saltimo	re City, give exact location)
DEATH (noti	BUTING CAUSE OF		home, form, foctory, street, c etc.)	mice bidg., INJURY OCCUR?		
21 D. TIME	(Month) (Doy) (Y	eor) (Hour)	TE. INJURY OCCURRED	21 F. HOW DID II	NIURY OCCUP?	
OF INJURY	(100)		While At Not Whi		AJURI OCCUR:	
(APPROX.)			Work Al Work			
22. I certif	y that (1) (this hosp	oitol) ottende	d the deceased from	9-12	19 QJ.10	P-16 1960
that (1) (we	a) last saw the dece	eased alive a	n 9-16	19 6 J and	that In (my) (aue) ap	inian death occurred an the d
and haur o	nd fram the causes	stated above	(I) (We) (did) (did nat)	view the body after death		
23A. SIGN						23B, DATE SIGNED
	Jose D	mais	M.D. Att	ending Med. Director	Stoff Phys.	9-16-65
23 C. PHYSIC	IAN'S	maison Ma	rny	23D, ADDRESS	r ny s, Lser	, , , , , ,
NAME	(Type) ose	S. Mo	A/509 M.D.		1 Homest	Dosp.
A BUBLAL CO					*	
REMOVAL	(Specify) 24B DAT	240	NAME of CEMETERY of CR	1/	0	City, town, or county) (State
Burial	9/20	165	Peters Cement	6/00	enango (oun	ty, Pennsylvania
A. DATE REC	D BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	O R	ADDRESS
SEP 2	1 1955 120	8. A. E. S	Fall Contain	John A. Mora	an, Inc. 300	00 E. Paltiman - 5
		THE PARTY OF THE P	The state of the s			- LOUNGAC

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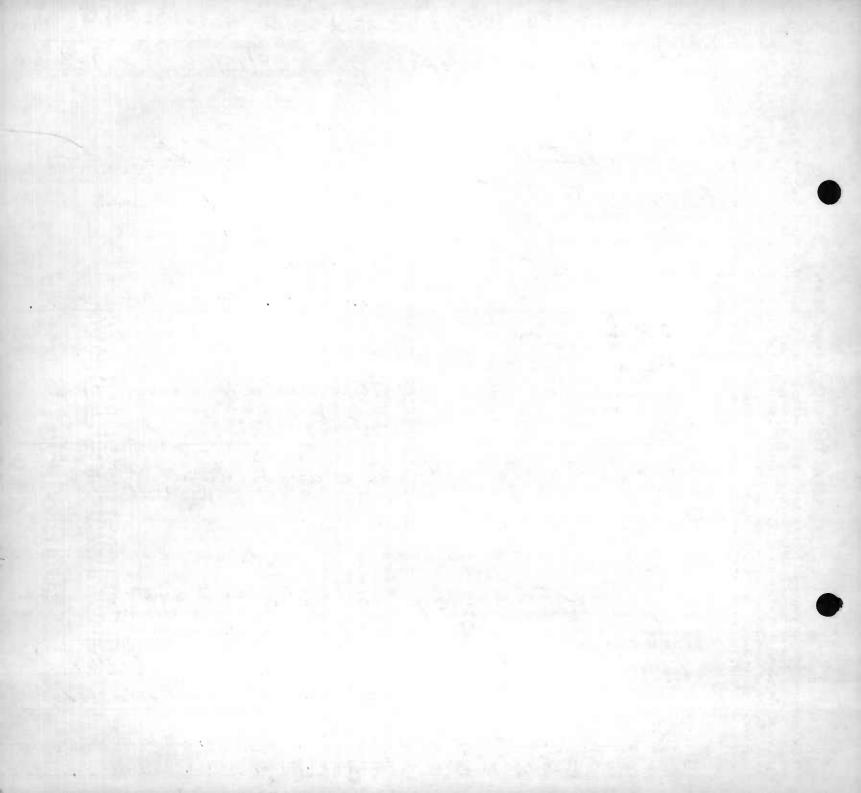
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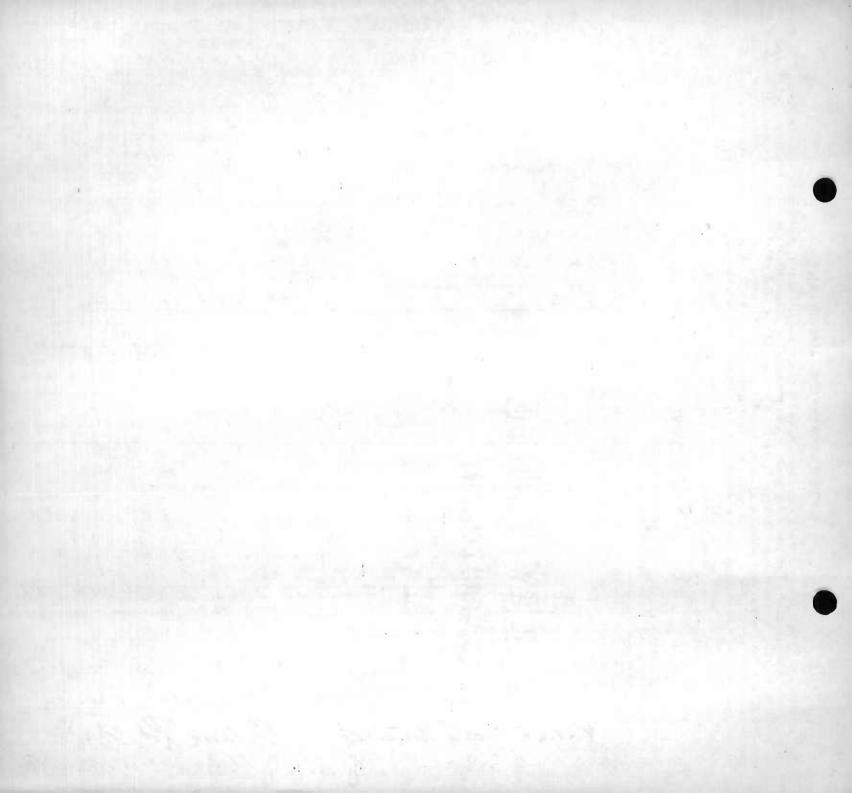
EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

	BALTIMORE CITY HEALT		
	SIRTH NO.5 9672 CERTIFICATE O	OF DEATH Register	red No. 65 3672
	NAME OF DECEASED / NSON Franklin	2. DATE OF DEA	ATH 9 1965
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived If institu	tion: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Battimore mary!	and but
	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION CENTIENT THEMOSPITAL HOSPITAL	c. CITY OR TOWN (If outside city I	imits, write RURAL and give township)
6	6.14.	p. STREET ADDRESS (If rure	ol, give locotion)
	Baltimere Manyland	8310 Edgedale Rd.	Baltimor 34, M.
S	SEX 6. COLOR OB RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Sept. 19-1965 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
WO	O.A USUAL OCCUPATION (Give kind of tk done during most of working life, even elired)	11 / BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.H.
	Elmer C. Johnson	Eunite M. me	blox
	Was Deceased Ever in U. S. Armed Force? (in no or unknown) (If yes, give wor of doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	nes 214-20-4	46174	
	98. 7522 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Elcerative Collits	
	[This does not mean the mode of dying an	MICHAILVE COUPTS	
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	lead small boyel	
	ANTECEDENT CAUSES (B) (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	Segmental	
ATION	UNDERLYING CONDITION LAST. (C)		
ERTIFICAT	THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CER	IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION 11	98. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
AL	PART I OR PART II	mustifie small bowelfis	Tul YES NO D
MEDIC	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	in or obout the bldg, etc.) If it where DID injury occur?	n Baltimore City, give exact location)
	21b. TIME (Month) (Day) (Yeor) (Hour) 21s. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	WHILE AT NOT WI		
	22. I certify that (I) (this hospital) attended the deceased fram_	yard 25	19 65 10
	Sept 19 19 65 that (No(we) last saw	the deceased alive an Sept.	9 1965
	and that in (my) (aur) apinion death accurred at	m., from the causes and an the date stated	
	ATTENDING PHYS DI MED. DIRECTOR D STAFF PHYS D M. D. No.	ADDRESS Union Memme	23c. DATE, SIGNED
24 RE	A. BURIAL, CREMATION, 248 DATE 24c. NAME OF CEMETERY OR CREM	AATORY 240. LOCATION (City, Id	own, or county) (Stole)
C.	remation 9-20-65 Greenmount Ce	matary Baltimore,	Md.
25	A. DATE REC'D BY HEALTH DEPT.	25c. FUNERAL DIRECTOR	ADDRESS
	254 97 1200 Alegan C. 4200	John A. Moran, Inc.	4201 York Road
٧S	150		

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Jung 10/13/25 LIEUSA CONT. V





IMPORTANT FUNERAL DIRECTOR:

BIRTH NO. 65 96	CERTIFICA	TE OF DEATH	Registered Na	65 9675
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Mrs. Vi		2. DATE A	NO HOUR OF DEATH	PAM
FULL NAME OF (If not in hospital or inst oddress or location) Church Home 2	itution, give street	A. STATE B. COUL Maryland C. CITY OR TOWN (If or Balty mo	ore deceased lived. If inst	itution: residence before odmissian) RAL ond give tawnship)
Eawale Milita W	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, K done during most of working life, even if retired) House Wife	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Maryland	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Silliam Giff	in	14. MOTHERS MAIDEN NA	01h4 M	• Warfield
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of s	16. SOCIAL SECURITY NO. 217-12-6916	Mr Robert L. V		ADDRESS 36
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Ce			INTERVAL BETWEEN ONSET AND DEATH YESTS
(This does not mean the made of dying heart failure, as he nin , etc. It means the dinjury or complication which caused death	, o.g.,	Itiple drug		n years
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.	giving gy lhe (C)			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING ITS 194. DATE OF OPERATION 198. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or N	20B, IF YES, WERE FIN	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (House of INJURY (APPROX.)	while At Not While At Work		URY OCCUR?	
22. I certify that (I) this haspital after that (I) (we) last saw the deceased aliqued and hayr and from the causes stated ob 23A. SIGNATURE	ve an Septi 18,	19 65 and th	at in(my) (our) apini	an death accurred on the date
23C. NHYSICIAN'S NAME (Type)	Phy	ending Med. Director 23D. ADDRESS	Siolf Phys.	9/18/1965
24A. BURIAL CREMATION, REMOVAL (Specify)	M.D.	Church Home		to. Md. (Stole)
Burial 9-21-1965	Union Chapel Cen	netery H.	erford Co.	Md. ADDRESS (>/.)
SEP 21 1965 R. C. B. E.	Faile M. O.	of Bagange of	meral Home	740/Below Ross

MIR VIVEN MED WAS TO

SEAT, IN INCH-WILDOW

basty15M

Church Home and Hospital Baltimore

4217 Fullerton Ave.

Temate Waite Married 1-19-1908 e-

L-6 goal seal managed against allest

Housewife Maryland U.S.H.

Silliam Giffin unknown

Cerebral cortical atrophy years

Multiple drug addiction years

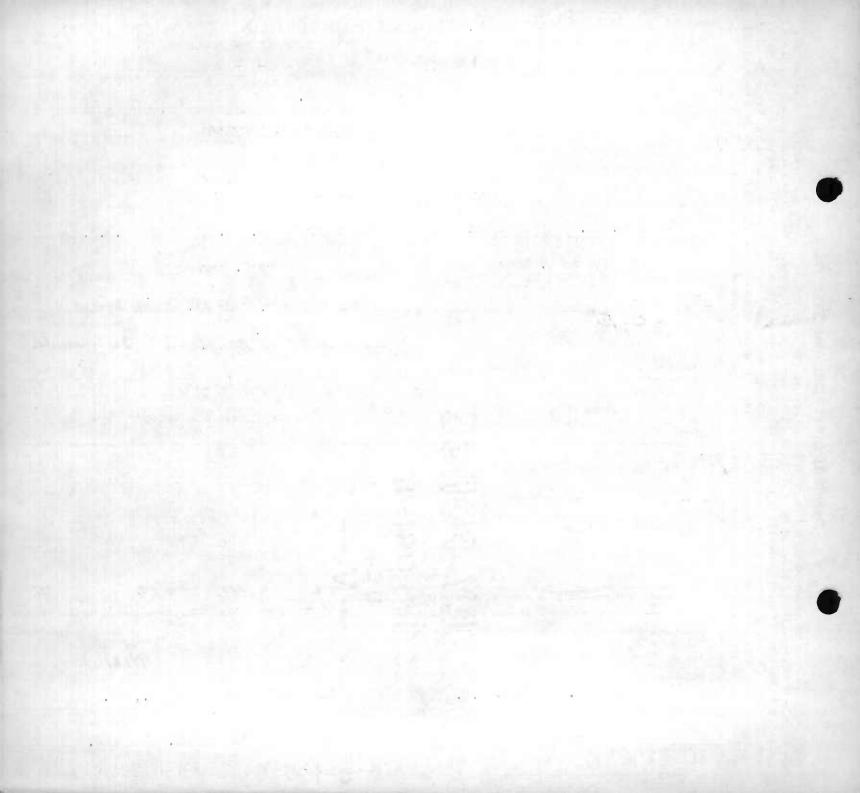
7391/1969

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Sept 18, August 30, 68 September 18

2311/41/b

ERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Benjamin Fred Long 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR oddress or location) St Joseph's Hospital St Joseph's Hospital St Joseph's Hospital St Joseph's Hospital 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY 13. DATE OF DEATH P. AGE (In years lost birthday) 13. DATE OF BIRTH P. AGE (In years lost birthday) Married 13. DATE OF BIRTH P. AGE (In years lost birthday) Married 13. DIRTHPLACE (Stote or foreign country) 14. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) Policeman St Mary's Co. Md. 15. DATE OF DEATH P. AGE (In years lost birthday) 16. C. CITY OR TOWN 17. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married 17. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married 18. DATE OF BIRTH P. AGE (In years lost birthday) Married 19. AGE (In years lost birthday) Married 10. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY WHAT COUNTY WHAT COUNTY Policeman	before odmission
Benjamin Fred Long 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital St Joseph's Hospital 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married 1. BIRTHPLACE (Stofe or foreign country) 12. CITIZEN OF WHAT COUNTY 13. BIRTHPLACE (Stofe or foreign country) 14. USUAL RESIDENCE (Where deceosed lived. If intelliction: residence B. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAT and give to Baltimore, Maryland D. STREET ADDRESS (If rurol, give location) 337 Elinor Avenue #36 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male 1. BIRTHPLACE (Stofe or foreign country) 12. CITIZEN OF WHAT COUNTY	F
FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital St Jos	F
HOSPITAL OR IN TOWN (If outside city limits, write RURAT and give to Baltimore, Maryland St Joseph's Hospital St Joseph's Hospital St Joseph's Hospital St Joseph's Hospital O. STREET ADDRESS (If rural, give location) 337 Elinar Avenue #36 SEX Male White Whowed, Divorced (specify) Married O. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) One during most of working life, even if retired) 12. CITIZEN OF WHAT COU	wnship)
D. STREET ADDRESS (If rurol, give locotion) 337 Elinor Avenue #36 SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 1. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU	P 34"
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years lost birthday) 1. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU	
Male White Married 1-31-1919 55 OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COU	If Under 24 Hr
DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COU	Hours Min.
Ret Balto. Co. Policeman St Manuala Co. Md II S A	INTRY?
3. FATHER'S NAME	
Thomas L. Long Cora V. Harper	
5. Wos Decessed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	SS
ONSET	AL BETWEEN AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., OUE TO O	unulle
heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	unule
ANTECEDENT CAUSES (B) DUE TO DUE TO Conv. fi. ony, giving	
rise to the above cause (A) stating the UNDERLYING CONDITION tost.	-44 -44-44 B-4 B-4 B-4 B-4 B-4 B-4 B-4 B
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSI	DERED
U 21A. ACCIDENT WAS UNDERL'ING CAUSE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact hame, form, foctory, street, office bldg., INJURY OCCUR?	location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.)	
22. I certify that (1) (this haspital) attended the deceased from 19 60 to 9/17	19.65
that (1) (we) lost saw the deceosed clive an 9/13 19 6 3 and that in (my) (eve) opinion death occur	
	ined on the d
ond hour and from the causes stated above, (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE	ED
X D. Attending To Med. Stoff Stoff	-
Phys. Director Phys. 23C. PHYSICIAN'S 23C. PHYSICIAN'S 23D. ADDRESS	5
NAME (Type) Paul G. Mueller, M.D. M.D. 6411 Belair Road Balto., Md.	
A CONTRACT OF THE PARTY OF THE	(Stote)
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county	
Burial 9-21-1965 Gardens of Faith Cemetery Baltimore Co. Md.	
Burial 9-21-1965 Gardens of Faith Cemetery Baltimore Co. Md.	DRESS (36)



BALTIMORE CITY HEALTH DEPARTMENT

Hours

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

Records

IMPORTANI DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

TENT 20 ST. 5-13-72 13 map and Early John Sun / low 40/07 Je 03 Ca af Colon Ca of Colon E Populat Themaser D the just can below 7-21-1-1-1 Showed + one + spected Autorio S. C. Treurlo

VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No._

September 20, 1965 2:20 P.M. September 20, 1965 2:20 P.M. CE(Where deceosed lived. If institution: residence before odmission of the second lived. If institution: residence before odmission odding lived. 1883
Jand (If outside corporate limits, write RURAL and give township) timore (St. (If rural, give location) Beech Avenue 21211 9. AGE (In years lost birthday) Stee or foreign country) Vand DEN NAME Ann Printy 303 ADDRESSIRK Rd. Edges Bromwell Baltimore, Md. 12 Interval Between ONSET AND DEATH
STEEL STRICK PROPERTY OF THE PROPERTY OF TH
Deech Avenue 21 211 Description of the process of
Seech Avenue 21211 P. AGE (In yeors lost birthdoy) 1883 See or foreign country) Vland DEN NAME Ann Printy 303 ADDRESSirk Rd. Baltimore, Md. 12 INTERVAL BETWEEN ONSET AND DEATH
Beech Avenue 21211 2. AGE (In yeors li Under 1 Yr. II Under 24 Hr. Months, Doys Hours, Min. 24 Hr. Months, Doys Hours, Min. 25 CITIZEN OF WHAT COUNTRY? 21211 21212 3121 3121 3121 3121 3121 3121 3121 3121 3131
9. AGE (In yeors lost birthdoy) 82 12. CITIZEN OF WHAT COUNTRY? Vland DEN NAME Ann Printy 303 ADDRESS irk Rd. edes Bromwell Baltimore, Md. 12 INTERVAL BETWEEN ONSET AND DEATH
9. AGE (In yeors lost birthdoy) 82 12. CITIZEN OF WHAT COUNTRY? Vland DEN NAME Ann Printy 303 ADDRESS IR Rd. edes Bromwell Baltimore, Md. 12 INTERVAL BETWEEN ONSET AND DEATH
1883 82 Site or foreign country) Vland DEN NAME Ann Printy 303 ADDRESS irk Rd. edes Bromwell Baltimore, Md. 12 INTERVAL BETWEEN ONSET AND DEATH
Jand Jen Name Ann Printy Jand Ja
Ann Printy 303 ADDRESS ink Rd. edes Bromwell Baltimore, Md. 12 INTERVAL BETWEEN ONSET AND DEATH
Ann Printy 303 ADDRESSIR Rd. edes Bromwell Baltimore, Md. 12 INTERVAL BETWEEN ONSET AND DEATH
Ann Printy 303 ABBRESSirk Rd. edes Bromwell Baltimore, Md. 12 INTERVAL BETWEEN ONSET AND DEATH
303 ADDRÉSIR Rd. edes Bromwell Baltimore, Md. 12 INTERVAL BETWEEN ONSET AND DEATH
edes Bromwell Baltimore, Md. 12 INTERVAL BETWEEN ONSET AND DEATH
INTERVAL BETWEEN
INTERVAL BETWEEN
due to stricture of the ONSET AND DEATH
Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERE DID (If in Boltimore City, give exact location) DCCUR?
V DID INJURY OCCUR?
hat an this basis, death in my apinian
Undetermined manner
DICAL EXAMINER X DATE SIGNED
DICAL EYAMINED 9-/U-DO
DICAL EXAMINER 9-20-65
23D. LOCATION (City, town, or county) (Stote)
DIOXE EXAMINEN
1 1

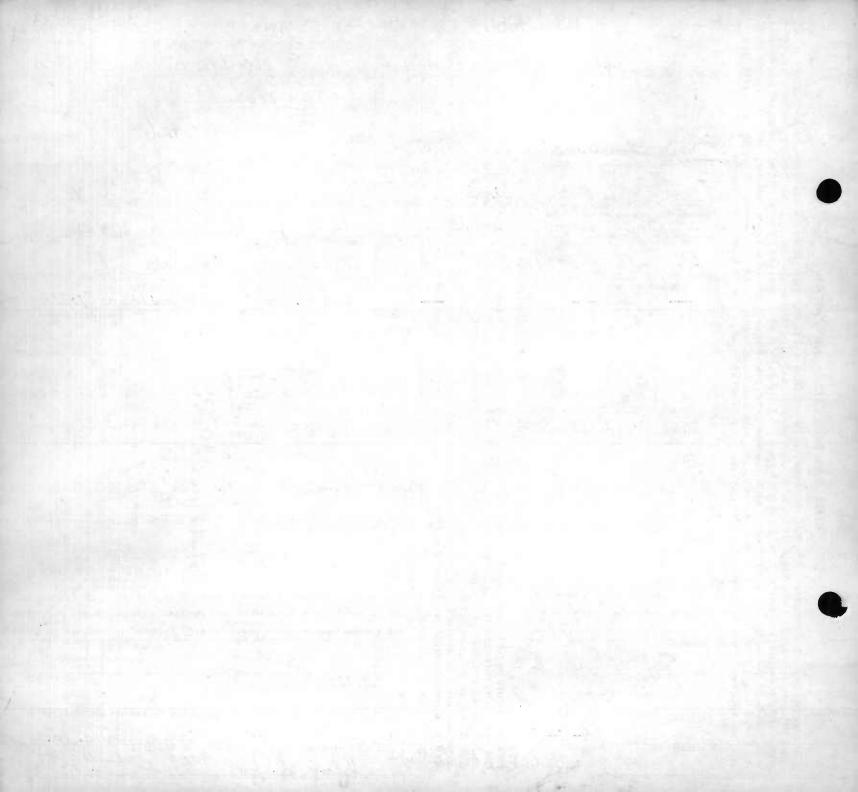
Letter from M.E.'s office 10-14-65 M.H.

Prostatic Hypertrophy
Relention of wine - post - opp

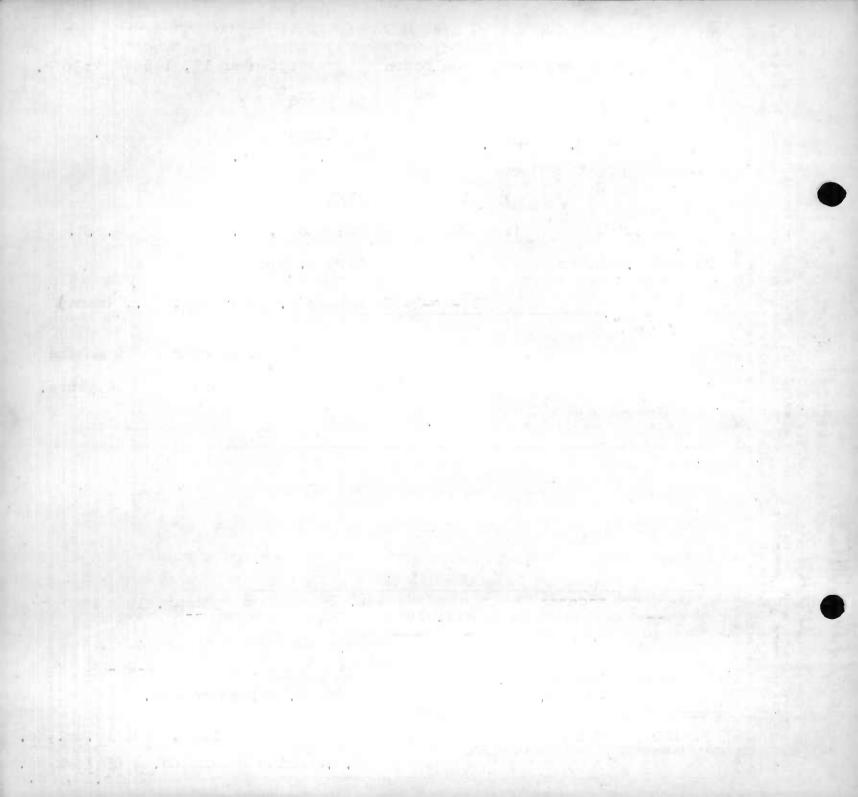
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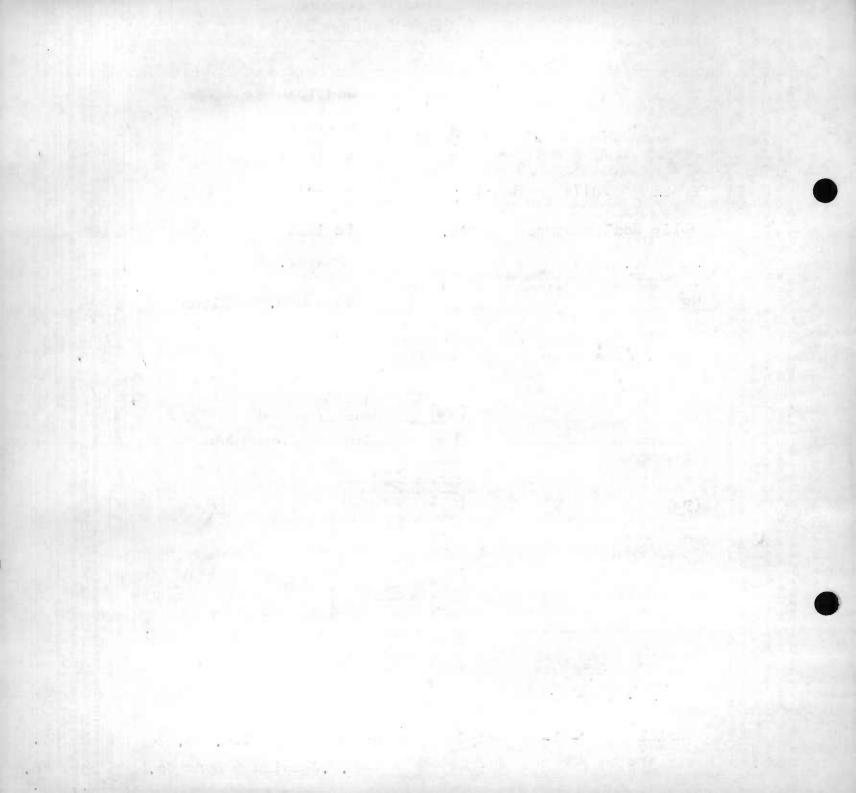
But of Bustatisties - american pelf ge



	BALTIMORE CITY	HEALTH DEPARTMENT		CE 0003
BIRTH NO. 65 9681	CERTIFICA	TE OF DEATH	Registered No.	65 9681
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE A	AND HOUR OF DEATH	
(Type or Print) Marcaret	Waters Coulbourn			
3. PLACE OF DEATH IN SALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WI	nere deceased lived. Il i	1965 7:30 P.
	or institution, give street	Maryland	INTY	13-0
HOSPITAL OR oddress or location	t as	C. CITY OR TOWN (If o	outside city limits, write	RURAL and give township)
(0.4.00.1.4	M e di Su F	Baltimore D. STREET ADDRESS		
616 W. 40	oth St.	616 W. 40th	St.	
. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
FW	WIDOWED, DIVORCED (specify)	1/1/1895	last birthday)	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work	Married 10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF
one during most of working life, even if retired)		1 1 1)	WHAT COUNTRY?
Housewife	Own Home	Baltimore,	Md.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Albert E. Waters		Mary S. Hoo	per	
5. Wes Decesed Ever in U. S. Armed Fore	ces? 16. SOCIAL	17. INFORMANT	•	ADDRESS
(es, no ar unknown) (If yes, give wor or date	s of service) SECURITY NO.			
No	217-18-2997	Robert M. (Coulbourn,	Jr., (Same)
18. / 70 X	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIE	ECTLY			ONSET AND DEATH
LEADING TO DEATH	Gener	ralized Carci	nometosis	6 months
(This does not mean the made of	dying, e.g., DUE TO		THOMESOULD.	
heart failure, asthenia, etc. It means injury or complication which caused		draws of the		
ANTECEDENT CAUSES	(8)	cinoma of the	preast	10 years.
	DUE TO			
DISEASES OR CONDITIONS, if				
UNDERLYING CONDITION last.	John (C)			
ll ll				
Z artist statute and a construction C		And the second second		
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE			
19A. DATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or)	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PERF			IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, o	fice bldg., INJURY OCCUR?		
U	eic./			
OF INJURY (Manth) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not While Work At Work	e		
22. I certify that (I) (this hespital	attended the deceased from Se	pt. 25	182 10Sent	19.65
that (1) (we) lost sow the decease	d olive on Sept. 19	1965 ond	that in (my) (our) op	inion death occurred an the d
	ed obave. (1) (We) (did) (did not)			
23A. SIGNATURE		the bady dilet deom	•	23B. DATE SIGNED
(1)	M.D. AH	ending A Med.	Stoff	
- Ku a		s. Med. Director	Phys.	9-20-65
John M.		23D. ADDRESS 600 W. Be	elvedere A	ve.
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NAME OF CEMETERY OF CR			City, town, or county) (State)
	965 Druid Ridge	Pi	kesville,	Balto.Co.,Md
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	OR .	ADDRESS
SEP 21 1965 A	Du & E Savker M.A.	H.W.Jenkin	s & Sons C	o. 4905 York Rd
	KALV -			Balto.12, Md.
/s 150-REV. 1/1/65	YOUN TITLE			



2 1	0000	BALTIMORE CITY HEALTH DEPARTMEN	/	65 9682
	TH NO. 65 9682 E. CASE NO.	CERTIFICATE OF DEATI	Registered Na.	00 0000
1.1	HAME OF DECEASED	//	AND HOUR OF DEATH	10/
	PLACE OF DEATH IN BALTIMORE MARYLAND	140 USUAL RESIDENCE	etember 18, 6	3 13/A.
3.	PLACE OF DEATH IN BALTIMORE, MARILAND	A. STATE B, C	OUNTY	itution: residence before odmissi
	FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR oddress or location)		V Pu	79
1	NSTITUTION	ENDICOTT	If outside any limits, write RU	IKAL ond give township)
	37 THE JUHNS HOPKINS HOSP	TAL D. STREET ADDRESS	(If rurol, give location)	
		5 HILLSID	E COURT	
. 5	6. RACE 7. MARRIED, NEVE WIDOWED, DIV		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
	EMALE WHITE MARRIED	8-11-41	24	
	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSII to during most of working life, even if retired)	NESS OR INDUSTRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ublic Health Nurse Gov't	Indiana		USA
3.	FATHERS NAME	14. MOTHER'S MAIDEN	NAME	
	DANA S. COPE	MARY B.	BAUGHAN	
5. Ye:		CURITY NO.	THE RESIDENCE	ADDRESS
-	No	Stephen B.	Hamilton	Above
	18. 410 XI	CAUSE OF DEATH	STORISH DOLL	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	1/ / 1 1 .1	1 1	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) Ventricular to	achycardia	2 days
	heart failure, asthenia, etc. It means the disease, injuty ar camplication which coused death,)	Rheumatic c	arditis.	
	ANTECEDENT CAUSES	in active wi		210
	DISEASES OR CONDITIONS, if any, giving	on in active with	Mitral	, 10 gears
	rise to the above cause (A) stating the	stenosis (sever		
	UNDERLYING CONDITION last.	cuspid stenosis (n	ninima/	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH	OPERATION 20 A. AUTOPSY? (Yes	IN CERTIFYING CAUS	NDINGS CONSIDERED
ERT	2	705	NO	
AL C	21 A. A CCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF home, for	E OF INJURY (e.g., in or obout 21 C. WHERE DI n, foctory, street, office bldg., INJURY OCCU	R?	City, give exact location)
U	The state of the s	200		
MEDI	OF INJURY	RY OCCURRED 21F. HOW DID	INJURY OCCUR?	
Ī	Work	At Work	,, ,	1 10 1
	22. I certify that (I) (this hospital) attended the de-	11 110		tember 18 1965
	that (I) (yet) last saw the deceased alive an Se	/		an death accurred an the d
	and haur and fram the causes stated abave. (1)	(did) (did) (did) view the bady after dea	oth.	
	23A. SIGNATURE	Allordia V		3B. DATE SIGNED
	WB Daniels, Jr.	M.D. Attending Med. Director	Stoff Phys.	7/18/65
	23C. PHYSICIAN'S NAME (Type)	Z3D. ADDRESS	5A D1	1/ MAD
	W. B. DANIELS,	Jr. M.O. // E. Chas	re or, Dal:	timore, I'ld.
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREMATORY 24	D. LOCATION (City,	town, or county) (State)
	Burial 9-21-65 Morel	and Memorial	Balto, Co.	Md.
254	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	STRAR 25C. FUNERAL DIREC		ADDRESS
	SEP 21 1965 Robert E. J	H.W.Jenkir	ns & Sons Co.	4905 York Rd.
S	150-REV. 1/1/65			Balto., Md.

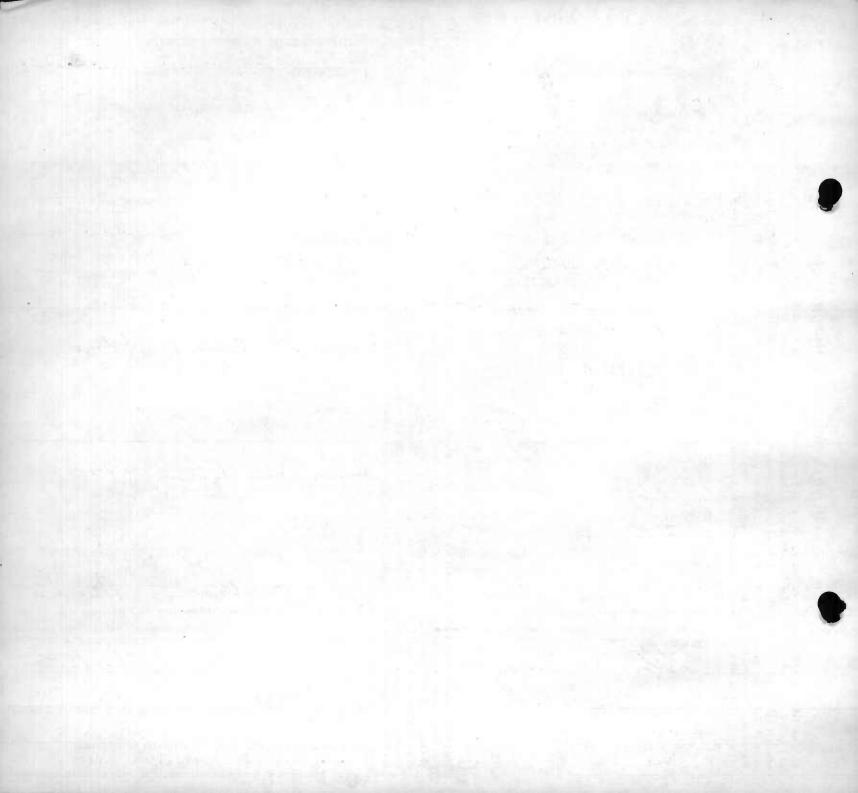


A426

VS 151-REV. 1/1/65

	н но. 65	9683MED	ICAL EX	XAMINER'S C	ERTIFICATE	OF DEATH Regis	ered Na	65 3686
	CASE NO.	ASED			To	DATE AND HOUR PRONOUN	CED DEAD	
(Тур	AME OF DECE	C G	ordon A	lairo	2			
3. PL	ACE IN BALTIA	AORE MARYLAND, W		0	4. USUAL RESIDEN	September 19, 1	stitution: res	dence belore odmission)
					IIA. STATE	yland B. co	YTAU	
HOS	NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		I (If outside corporate limits, wr	ite RURAL o	nd give township)
IN ST	TUTION				Bal	timore	3	3-00
H	41	UNION MEN	MORIAL I	HOSPITAL	D. STREET ADDRES	SS (If rurol, give location)		
"1					524	Castle Drive		
5. SE	X Male	. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Unde Months	Doys Hours Min.
,	nare	White		ried	April 5,			
		ATION (Give kind of working life, even if refired)	kTOB. KIND O	F BUSINESS OR INDUSTRY			12. CITIZ	EN OF
	ngineer		Ellico	tt-Brandt (b. Bali	timore, Md.		S.A.
3. F	ATHER'S NAME				14. MOTHER'S MAIL	DEN NAME		
C	harles	T. Algire			Helen I	. Newman		
		EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRES	S
N				216-09-6474	Mrs. Bet	tty Algire	(Sam	ie)
1	B. 7/ 7	31.			OF DEATH	•		INTERVAL BETWEEN
	DISEASE	OR CONDITION DI	DECTIV					ONSET AND DEATH
CERTIFICATION	DISEASES O RISE TO THE UNDERLYING	ITECENDENT CAUSE R CONDITIONS, IF A ABOVE CAUSE (A) S CONDITION LAST. II	ES ANY, GIVING TATING THE				sease	
E	DISEASE OR	EATH BUT NOT RE	3 IT.	-00000000000000000000000000000000000000				
CE	9A. DATE OF C	OPERATION 198, CON WAS PER		WHICH OPERATION	Yes	Yes or No) 20B. IF YES, WERE IN CERTIFYING CA		
OL	IA, EXTERNAL INDERLYING CAUSE	OR CONTRIB-	21 B. hometc.)	PLACE OF INJURY (e.g., e., form, foctory, street, c	in or about 21C. WH	ERE DID (If in Boltimore City, OCCUR?	give exoct I	ocotion)
Σ 2	TID TIME (DF INJURY APPROX.)	Month) (Doy) (Yeo		WHILE AT NOT	21F. HOW	DID INJURY OCCUR?		
	22.		m,	WORK AT W	ORK L			
Ι.		y that I held an 1	nquiry 🗌	InspectionAut	apsy X and t	hat an this basis, death in	my apinia	n
	resulte	d fram: Natural ca	uses X	Accident Suicid	e Hamicide	Undetermined man	ner 🗌	
				1	CHIEF MED	ICAL EXAMINER		D
	SIGNATU	RE PA	Fin	her un	ASSISTANT MED	DICAL EXAMINER		DATE SIGNED
	EXAMINE NAME (T)	R'S	sell S.	Fisher, M.D.	ASSOCIATE MED	DICAL EXAMINER		9-20-65
	BURIAL CREM OVAL (Specify)			C. NAME OF CEMETERY O		23D. LOCATION (Cit	y, town, or	county) (State)
_	rial	0/22/7	965	Druid Ridge		Dillo and The	Dal	to Co 363
	DATE REC'D B	Y HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNERAL	Pikesville	, 881	ADDRESS
	SEP	21 1965 02	Dub E	, falley M.a	H.W.Jer	nkins & Sons (to 12	05 York Rd

The Total of the second of the The second secon (12 - 12) E E



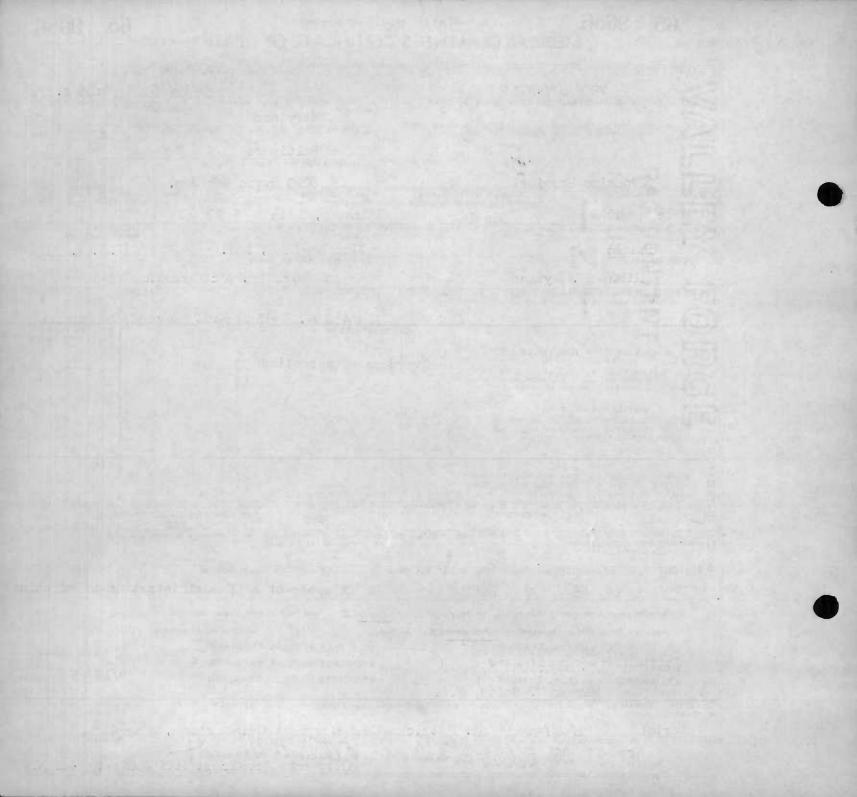
FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CIT	, HOLEHI DEI ARTMENT		
ARTH NO. A.E. CASE NO.	9685	CERTIFICA	TE OF DEATH	Registered No	
NAME OF DECEASED				D HOUR OF DEAT	2 2
Type or Print) Wilso	n. Jeromo	. I. To	19 Se	ptember 19	965 112 on
PLACE OF DEATH IN B		ID C. , S.E.	4. USUAL RESIDENCE (When	e deceased lived. H	f institution: residence before odmi
			A. STATE B. COUN	TY	1,- ~
FULL NAME OF (II	not in hospital or inst	titution, give street	Maryland	1150-1	15-3
HOSPITAL OR od	dress or location)			side city limits, writ	te RURAL and give township)
INSTITUTION			Baltimore		
7 1 11	1 111	411		rurol, give location)	
Lincoln Memor	ial Mursin	19 Home		0.	
		Treed William	2802 Koslyn	HVe	
SEX 6. RACE	7. M.	ARRIED, NEVER MARRIED		9. AGE (In years	II Under 1 Yr. If Under 24 Months Doys Hours N
100		IDOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours N
		Widower	Oct 12, 1875	87	
		IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life		-14- 07-7	12 11	1 /	
WAITER -Retin	red Pi	rivate Club	Paltemonerel	aryland	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ΛE	
Tonoma T III	lleon C-		7		
Jerome L. Wi			Laura A. Go	oggins	
5. Wes Deceased Ever in U		1 6. SOCIAL	17. INFORMANT		ADDRES5
(es, no or unknown) (II yes,	give wor or ooies of s		Alice C. Rusk-	2415 Monte	ebello Terrace 21
No		212-12-6175			
18. 3 24 V	1	CAUSE	OF DEATH	7	INTERVAL BETWEEN
DISEASE OF CO	ONDITION DIRECTLY	v	. (- //	11 -	ONSET AND DEATH
	G TO DEATH	10/1	House	10 QIN	
(This does not mean		(A) C	· Herry	7 (00	
VIIII GOGS HUI HIEUH	me made at dying	g, e.g.,			
	elc. It means the d	lisease.	1	12 //	
hearl failure, asthenia, injuty at camplication			r Dorio O K	of to	
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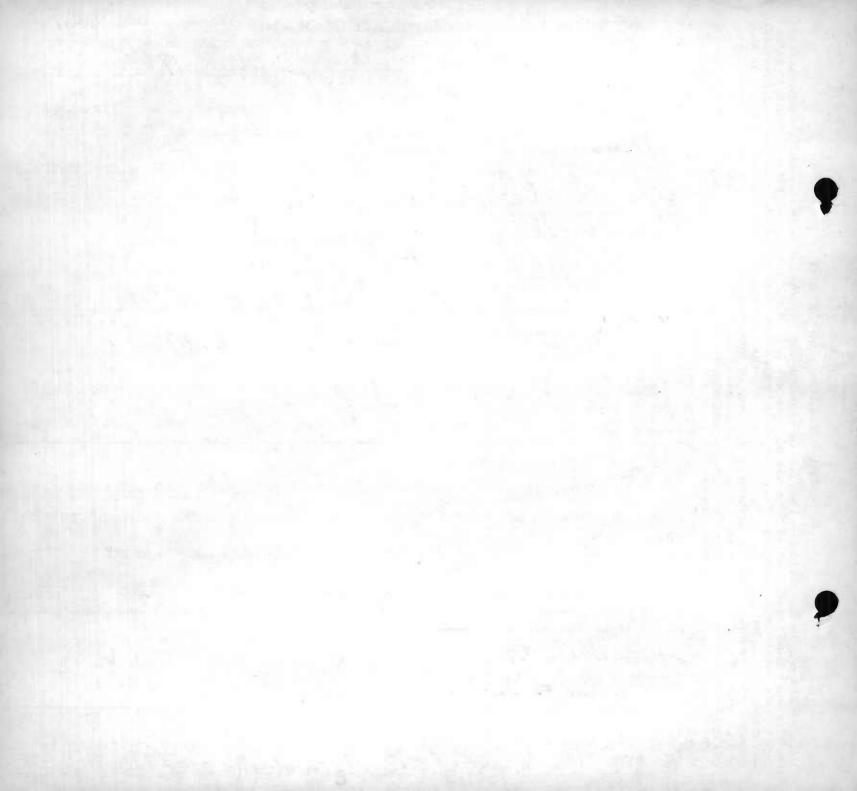
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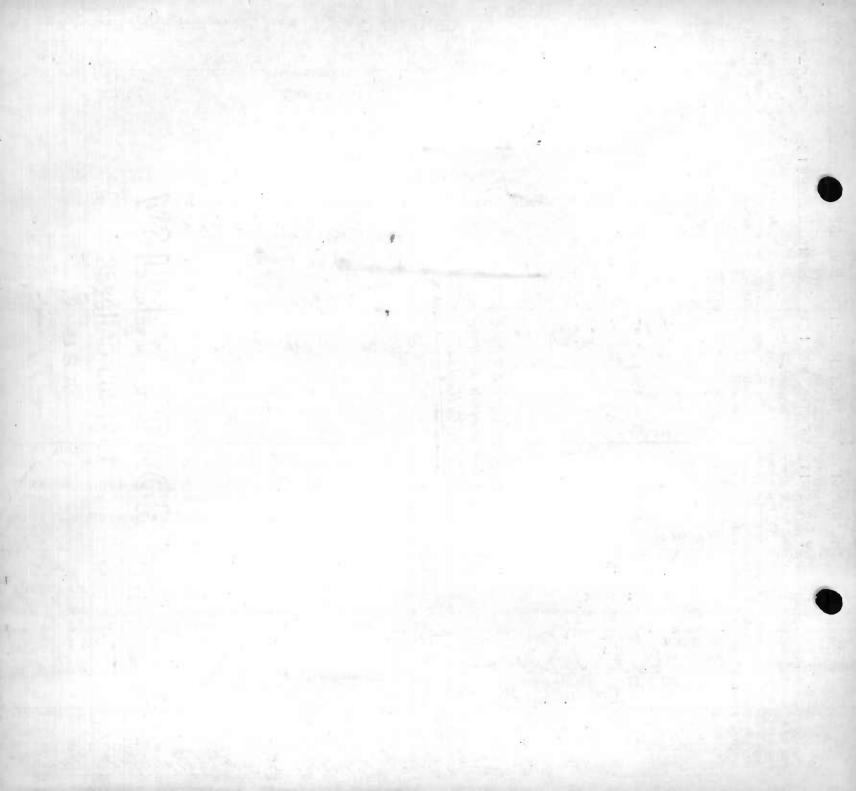
MEDICAL EVA MINIED'S CEDTIEICATE OF DEATH POR

BIRTH NO.	CAL EX	AMINER 3 C	EKTIFICATE. C	IF DEATH Regist	erea No	
M.E. CASE NO.				X		
1. NAME OF DECEASED (Type or Print)			2. DAT	E AND HOUR PRONOUNG		
THOMASW .RYLAND			9/19/65 2:46 a.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (V	Where deceased lived. If ins	stitution: residence before admission) UNTY	
		Maryla	and	1001/10-53-00		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C, CITY OR TOWN (If	outside corporate limits, wri	te RURAL and give township)		
NSTITUTION			Pol+4n			
27			Baltin D. STREET ADDRESS (IF	NOLE		
20						
Hopkins Hosp:				wynn Oak Ave.		
6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months, Doys, Hours, Min.	
male white			June 9, 1944			
A. USUAL OCCUPATION (Give kind of work	Sin				12. CITIZEN OF	
ane during most of working life, even if retired)			1 11	U	WHAT COUNTRY?	
Mechanic			Cumberland		U.S.A.	
FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
William F. Ry	land		Dori	s E. McDerm	ott	
5. WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	s of service					
No		Yes		rland 5202 Gw	vnndale Avenue	
1B. F C 244 19		CAUS	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
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UNDERLYING OR CONTRIB-	etc.)	nonii, lociory, sireei,	onice diag., INJORI OCCO	K:	00-00	
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(APPROX.) 9 19 65	? " »	HILE AT NOT	WHILE X apparent	t self adminis	tration of morphi	
22.						
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resulted fram: Natural cou	uses A	ccident X Suicia	le Homicide	Undetermined mann	ner	
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ACTUAL 1/1/2	. /				DATE SIGNED	
SIGNATURE / WWW	11.7	M.C	ASSISTANT MEDICA		9/19/65	
EXAMINER'S	7 C 21	/	ASSOCIATE MEDICA	L EXAMINER	7/17/05	
NAME (Type) Werner				20.10-10-2		
BA. BURIAL CREMATION, 23B. DATE EMOVAL (Specify)		C. NAME OF CEMETERY			y, tawn, ar county) (State)	
Burial 9/22/		St. Patricks	Cemetery	Cumberland,	Maryland	
4A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	245 FUNERAL DIRE	7 //.	ADDKE22	
SEP 21 1965	Colour	r E. Jankey M.R.	Elleworth	Amaca 160	O I iboute II-i-l+	
			Elisworth.	Armacost 400	0 Liberty Heights	
/S 151-REV. 1/1/65 9 9 4	.0				V	



(30)	BALTIMORE CITY HEALTH DEPARTMENT
CTIOC	CERTIFICATE OF DEATH Registered No. 65 9687
1. (T	ype of Print) 2. Date AND HOUR OF DEATH Selft 16-1865
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street address or location)
-	C. CHY OR JOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rujo), give Tocolion)
5.	SER 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1 5 (Y	Was Deceased Ever in U. S. Afried Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.
	18. 450,01 CAUSE OF DEATH PARTY ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO DUE TO
	heart failure, ostheria, etc. It means the disease, injury at complication which coused death.) ANTECEDENT CAUSES (B) Superalised Afterworkings Byter Course of the disease, injury at complication which coused death.)
	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost,
20	
PTIEIC ATIO	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTORSY (Yes or No.) 20R. IF YES WERE FINDINGS CONSIDERED
7	
MEDIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	22. I certify that (1) (shis heapital) attended the deceased from 19 65 to Sept 18 19 65 that (1) (we) last saw the deceased alive an 19 65 and that in (my) (sup) opinion death accurred on the date
	and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
	Elmn A Cartay M.D. Attending Med. Stoll Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
24	A. BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY of CREMATORY 124D, LOCATION (City, Jown, or county) (Stole)
25	Bunal Sept 23/6 Pleasant Rest md
VS	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRANDUM OSC-FUNERAL DIRECTOR Pugged 1463 M. Cary St. 150-REV. 1/1/65



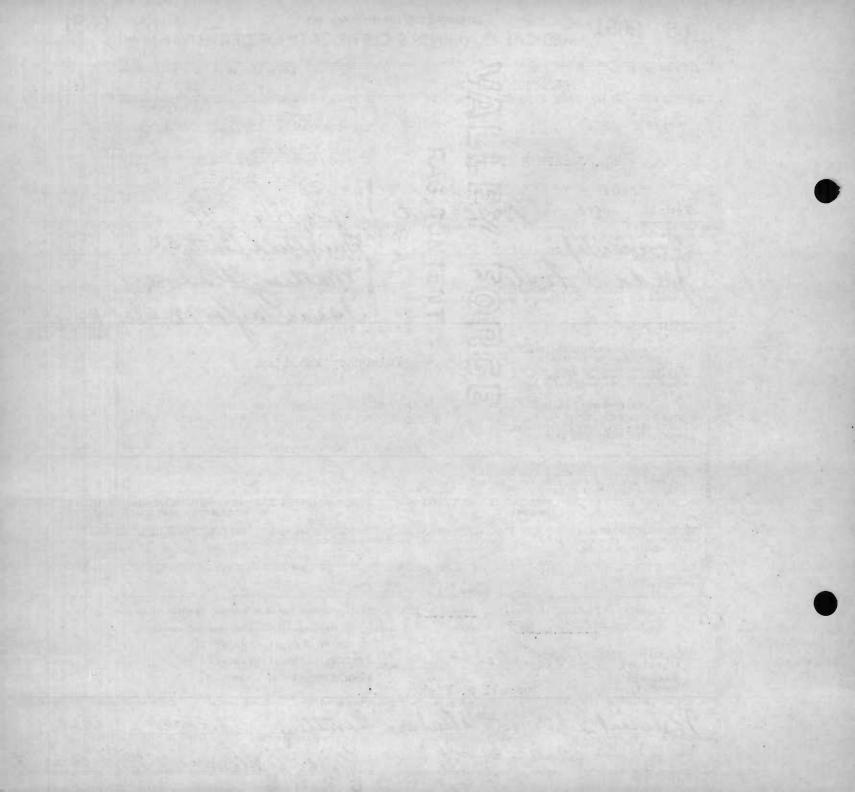


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BIR	TH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICA	TE OF	DEATH Register	red Na.		
M.	E CASE NO.									
1. (Ty	Pe or Print)	CEASED	KATHERI	NE BUCHWA	T.D	2. DATE AN	D HOUR PRONOUNCE	DEAD	11:20) a.,
3. 1	LACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESI	DENCE (Where	deceosed lived. If insti	tution: res		ore odmission)
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION			ITION, GIVE STREET	C. CITY OR TO	imore 6	e corporate limits, write			
	33	Hopkins Hosp	ital		D. STREET ADI		ns Rd.			
5, 5	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years lost birthdoy)	If Und	er 1 Yr. If	Under 24 Hrs.
	female	white	widowep, to	olvorCED(specify)	April ;	12. 190	7 58	Months	Doys	lours Min.
		UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11 BIRTHPLACE	(State or Rereig	n country)		ZEN OF	TRY?
1	QUADINI	to			Mary	land			USA	
13.	FATHER'S NAM	C 1 1 1			14. MOTHERES	MAIDEN NAM	E			
15.	yonn	Scheckles ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	known		ADDRES		
(Ye	, no or unknowr	of the state of th		SECURITY NO.	0 1	0 1	, ,	ADDRE.	,,	
n	.0			27030922/	John L	Suchwal	d ,	same		
	18.00	211		CAUSE	OF DEATH					AND DEATH
	DISEA	SE OR CONDITION DIE	RECTLY	To the second		A	landa		13	
	neon follure	not meen the mode of , osthenia, etc. It means mplication which caused o	the disease,	DUE TO	ulmonary	cupercu	10212		•	
		ANTECENDENT CAUSE	e						15.6	
	DISEASES RISE TO TH	OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING	(B)						
Z	ONDERLIT	NO CONDITION LAST.		(C)						
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO TH	NG HE						
CERTI	19A. DATE O	F OPERATION 19B. CON WAS PERI	DITION FOR V	WHICH OPERATION		Y? (Yes or No)	20B. IF YES, WERE FIN			ED
CAL	UNDERLYING	L CAUSE WAS	home,	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. office bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore City, give	ve exoct	location)	
MEDIC		ISE OF DEATH.	etc.)							
	OF INJURY (APPROX.)	(Month) (Doy) (Year			WHILE	ILNI DID WOF	JRY OCCUR?			
	22. cer	tify that I held an I		. 🔽		nd that on th	is basis, death in m	y apinio	on	
	resu	Ited from: Natural car	ises X A	coldent Suicld			Indetermined manne	or 🗌		
	ACTUA SIGNAT		N 9	SM.D.		MEDICAL EX	88	- /		SIGNED
	EXAMII NAME (NER'S	. Spitz		ASSOCIATE			9/	21/65	
	BURIAL CRE	MATION, 23B. DATE		. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	town, or	county)	(Stote)
KEI	burial	9-211-	65	Baltimore (omoton	Ba	Itimora A	11		
24/	DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C, FUNE	RAL DIRECTOR	ltimore, N	100	ADDRESS	
	SEP 21	1965 R.D. B	E. Fa	Dentil	Leon	rard J.	Ruck Inc	Bal	timo	re, Md
VS	151-REV. 1/1/									1.

Min to the contract of the con

1	BALTIMORE CITY HEALTH MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH Registered No
7-460	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) BLANCHE TAYLOR	September 19, 1965 1:15 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
	THE TARE OF THE HOLD IN HOSPITAL OF THE TON CONT.	Maryland CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
	ST. JOSEPH HOSPITAL	. STREET ADDRESS (If rurol, give locotion) 1906 E. Lanvale Street
	Female Negro WIDOWED, DIVORCED (specify)	DATE OF BIRTH 9. AGE (In yeors lost birthday) 11 Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours Min. 12 CITIZEN OF WHAT COUNTRY?
	Aruseilike :	Martheld County 5. 4.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT ADDRESS JANUAST
	DISEASE OR CONDITION DIRECTLY	F DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meon the mode of dying, e.g., head follure, asthenia, etc. It means the disease, injury or complication which caused death.)	onary embolism
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
,	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	UING CAUSE OF DEATH.	or obout 21C. WHERE DID (If in Boltimore City, give exact location) e bldg., NJURY OCCUR?
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.I WHILE AT NOT WHI	21 F. HOW DID INJURY OCCUR?
	22. 1 certify that I held on Inquiry Inspection X Autoports resulted from: Natural couses X Accident Suicide	Homicide Undetermined monner
		CHIEF MEDICAL EXAMINER DATE SIGNED SSISTANT MEDICAL EXAMINER 9-20-65
	NAME (Type) Russell S. Fisher, M.D).
	REMOVAL (Specify) 24 DATE REC'D BY HEALTH OPPT. 1248, NAME OF REGISTRAR	Demeter Westford Md, 24C. FUNERAL DIRECTOR 24C. FUNERAL DIRECTOR
	VS 151-REV. 1/1/65	John 1. Elickson 1/29/1 Carling St



VS 151-REV. 1/1/65

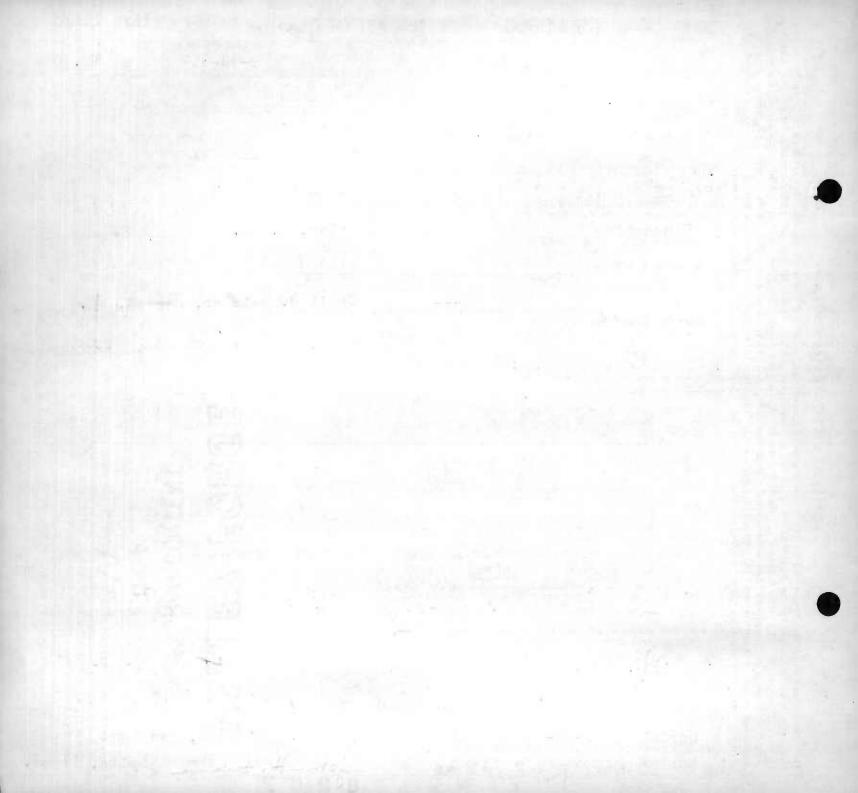
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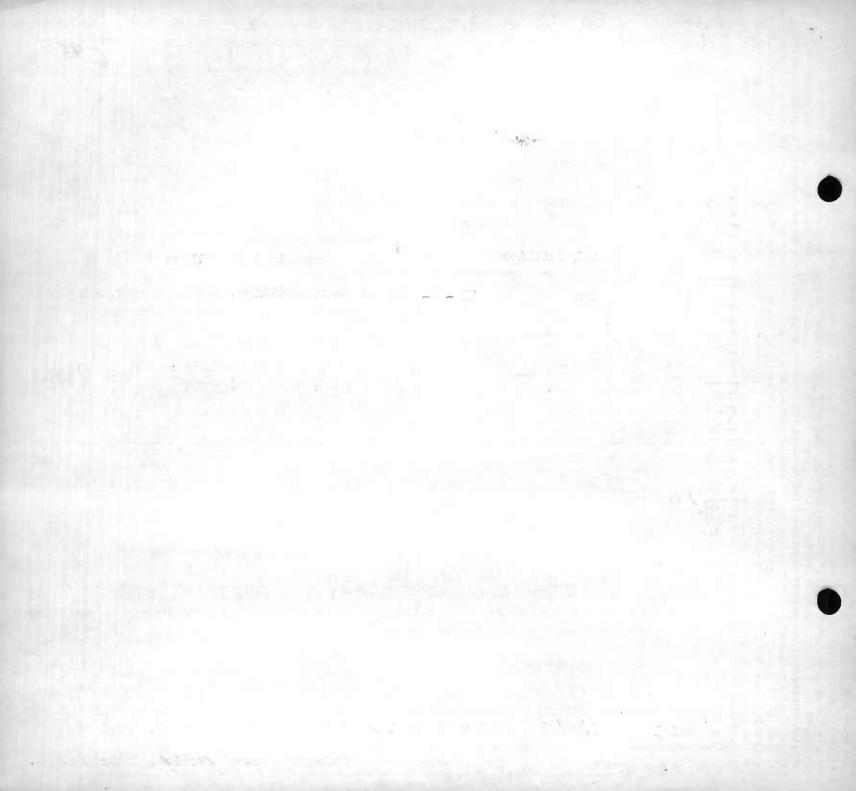
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FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

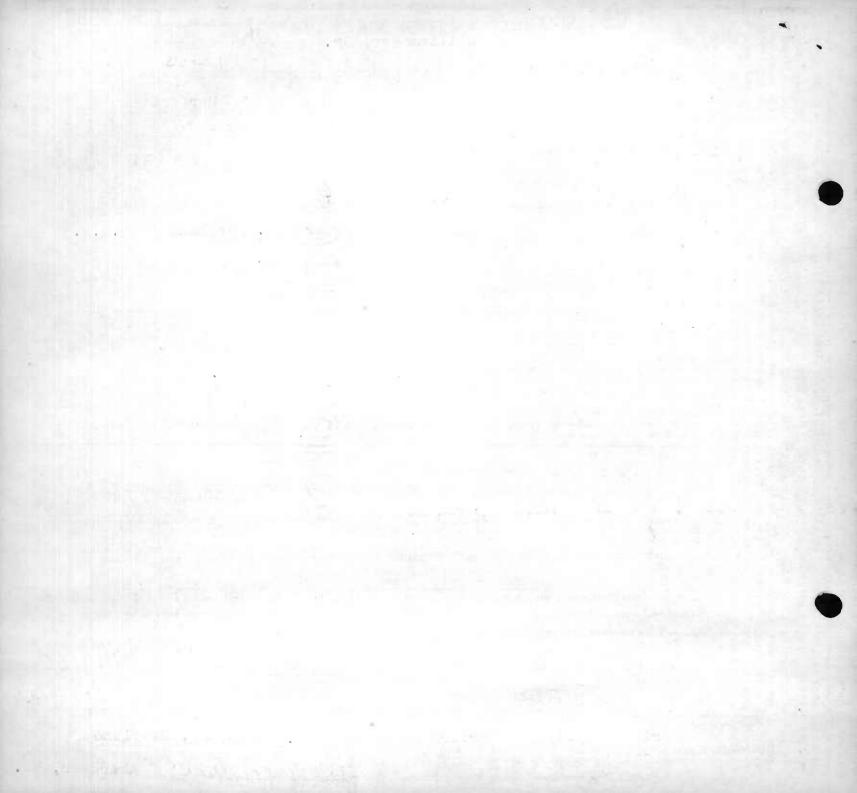
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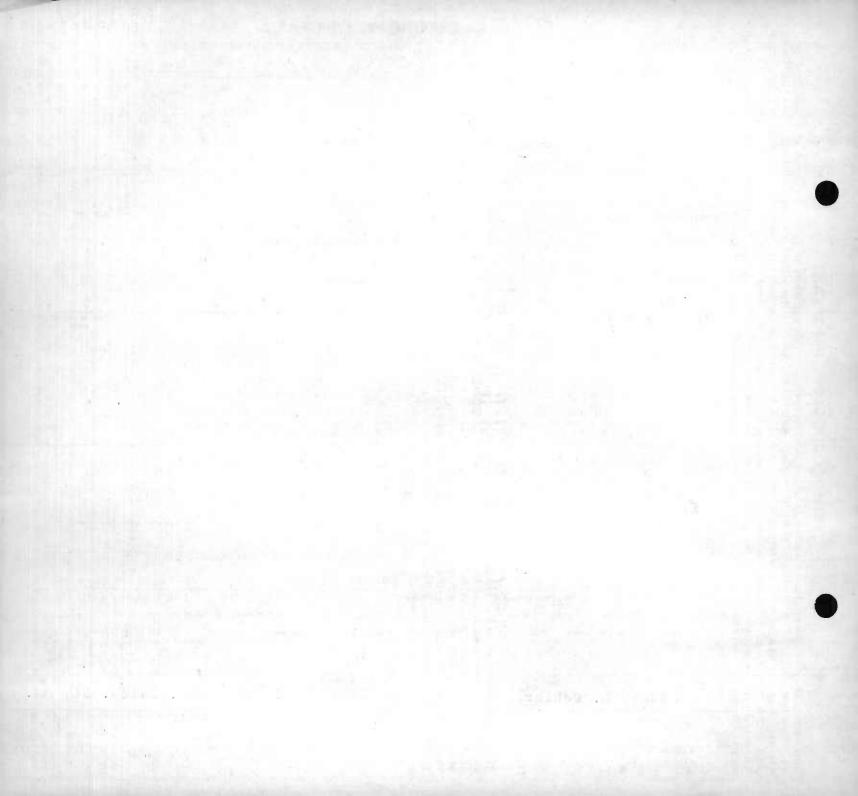
DIRECTOR:

FUNERAL



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

CF 0003	BALTIMORE CITY	HEALTH DEPARTMENT		CE OCOM	
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	65 9697	
1. NAME OF DECEASED (Type of Print)	13. Xec	2. DATE AND	HOUR OF DEATH	62	7
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence before odn	nission)
FULL NAME OF (If not in hospital or institu	tion, give street	Kect.	4	94-52-00	
HOSPITAL OR oddiess or location)				URAL and give township)	
43 Da Basi.	To GEN	D. STREET ADDRESS (If)ru	uol, give location)		
			w 4acf	AUE	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 1 Months Doys Hours	24 His. Min.
done during most of working the, even if retired	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Chys.	A.	14. MOTHER'S MAIDEN NAM	A A.	Tre Ston	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of serv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	. /	ADDRESS	
110	and di	TAM	ely -	OAME	
18. 420.11	CAUSE O	F DEATH	-	INTERVAL RETWEE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C.	1 men Thu	· ha is	iland	~
(This does not mean the mode of dying,	v.g.,	1 on ary 16 ron			
heorl foilure, asthenio, etc. It means the disc injury ar camplication which caused death.)	ease,	tenochetic 6.	V = 11.	7 300	
ANTECEDENT CAUSES	(B) O()	THE POTO COLOR AND THE	, 2 . U.V.	work ofe	•
DISEASES OR CONDITIONS, if any, gi					
UNDERLYING CONDITION last.	The (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE	S-2-76-0			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)	
OF INJURY (Month) (Doyl (Yeo) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
(APPROX)	While At Not While Work At Work	e			
22. I certify that (I) (this kespital) attend		3/22 19	63 10	Pifot 17 19	61
that (1) (we) last saw the deceased alive	on 7/6	1. (3		ian death accurred an th	
and haur and fram the causes stated above	ve. (1) (We) (did) (did nat) v	riew the bady after death.			
23A. SIGNATURE		/		238. DATE SIGNED	-
Stewney 1 Seh	Phy	s. Director P	toff thy s.	9/20/6	7
23C. PHYSICIAN'S NAME (Type) Sidney R. Gehlert	M.D.	23D. ADDRESS 4700 Penningt	on Ave.	Balto. 26, M	íd.
24A. BURIAL GREMATION. 24B. DATE 24	C. NAME OF CEMETERY OF CRI				Stote)
REMOVAL Specify)	h1 1	7	Bal	11/2000	/
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C/FUNERAL DIRECTOR	237000	ENACA ADDRESSEL	0
	FarberMA	K18 (3/4	1-150	E tout c	20.
VS 150-REV. 1/1/65		1	/ -		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITT	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO. 65 9090	CERTIFICA	TE OF DEATH	Registered No.	65 9698
(Type or Print)	Sel pottop	2. DATE	AND HOUR OF DEATH	9-14-65
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	CH ECHICA	4. USUAL RESIDENCE (W. A. STATE B. CDI	here deceased lived. If in	nstitution; residence before odmission)
FULL NAME DF (If not in hospital or instituted in the spital or instituted in the spital of the spit	111	C. CITY OR TOWN (II	R Balt outside city limits, write	RURAL ond give township)
Sinai Hoggital of	Green spring Au	BOLTING. D. STREET ADDRESS	(If rurol, give location)	15-05
Balto	15, Haryland.	2305 71	oga Ptw	y # 15
Male CaucasiAN WID	OWED, DIVORCED specify)	2-7-98	9. AGE (In years lost birthdoy)	ff Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIN done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
FUR Salesman F	ur Jalesman	RUSS IA	L	United STATES
to formation not	avallele.	Intermetal	in ust a	evalible
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
untenoun	untrown	Adrission	Record.	Sinai Hospital
1B. 4420.11	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(4)	Icite Mype	carlia / lufa	extris 11 class
(This does not mean the mode of dying, heart failure, osthenio, etc. II means the dis			7.000.7	
injury or complication which caused death.)	- Ad	erneclesotic 1	Jungiovascula	IN PROSE TO UNG
ANTECEDENT CAUSES	DUE TD			1000 S 30 419.
DISEASES OR CONDITIONS, if ony, grise to the obove cause (A) stoling UNDERLYING CONDITION last.			00-00-00-0	
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			vone.	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or	Nol 20B. IF YES, WERE	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	None.	NO.		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(II in Boltimor	re City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED While At Not While	21F. HOW DID I	NJURY OCCUR?	
(APPRDX)	Work At Work			
22. I certify that this hospital attended that (1) (we) lost sow the deceased alive	0 0	9 -8 19 65 ond	that intray (our) opi	inion deoth occurred on the dote
ond hour ond from the causes stated abo	ve. (1) (We) (did) (did not)	iew the body ofter death	٦.	
Stanley Leonard	Blum M.D. Atte	ending Med. S. Director	Stoff Phys.	9-19-65
23C. PHYSICIANS NAME (Type) STANIEU LEONADI	BIUL M.D.	Sing: Has	ental of	Ra. Ho (See.#3)
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
BURIAL 9/20/65	HEBREW FRIENDSH	IIP	BALTIMORE	MARYLAND
	ME OF REGISTRAR	SOL I FUTNICAN	BROS THE	ADDRESS
SEP 22 1965 R. C. B. E.	Farley 18 c	SOL LEVINSON	0 - INC. 6	010 REISTERSTOWN RD

THE THE REST OF THE PARTY OF TH

VS 150-REV. 1/1/65

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a hospital and

		TY HEALTH DEPARTMENT	05 0000
BIRTH NO. M.E. CASE NO.	699 CERTIFIC	ATE OF DEATH Register	od No.55 9699
1. NAME OF DECEASED (Type or Print) Barber.	braham	2. DATE AND HOUR OF	DEATH 10 AM
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased live A. STATE 8. COUNTY	ved. If institution; residence before admission
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location INSTITUTION	or institution, give street n)	C. CITY OR TOWN (If outside city limits	s, write RURAL and give township)
W2		Baltimore	
Since Hospital of	- Baltimore	D. STREET ADDRESS (If rural, give local 2619 Park Height	is Terrace
5. SEX Male 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE tin ye lost birthdoy)	ors If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	Suba Thine	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 13. FATHER'S NAME	furneme	14. MOTHER'S MAIDEN NAME	ac usa
Asaac L. 12	arber	Late Exther L	celeiman
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or dote	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Tevace
No		Mis Harriett Barber	- 2619 Packtits
18. 416 X I		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY	Pulmonen a bedien	1
(This does not mean the mode of		almonary embolism	nours
heart failure, osthenio, etc. It means injury or complication which caused		11 + b. + dic	300
ANTECEDENT CAUSES	(8)	Mountain heart dis	core / 25 yours
DISEASES OR CONDITIONS, if			
underlying condition last.	slaling the (C)	***************************************	
O OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING	ATED TO THE		
	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	, in or obout 21C. WHERE DID (If in office bldg., INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED White At Not W		
	Work At Wo		9/10/16
22. I certify that (1) (this haspita	9 110	8 24 19 65 10	1 1 1 19 6 3
and haur and from the causes sta			ur) apinion deoth occurred on the da
23A. SIGNATURE HONM J	Des M.D. A	Attending Med. Stoff Phys. Director Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	A BOR M.	23D. ADDRESS	41
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.	258 NAME OF RECISTRAD	ung her woodl	awn, Md
WALL MEG D OF BEALIN DELL	INTERIOR OF REGISTRAR	// TAJO. FRINERAL DIKECTOK	ADDRESS

M LW M - Sentalis

IMPORTANT FUNERAL DIRECTOR:

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VS 150-REV. 1/1/65

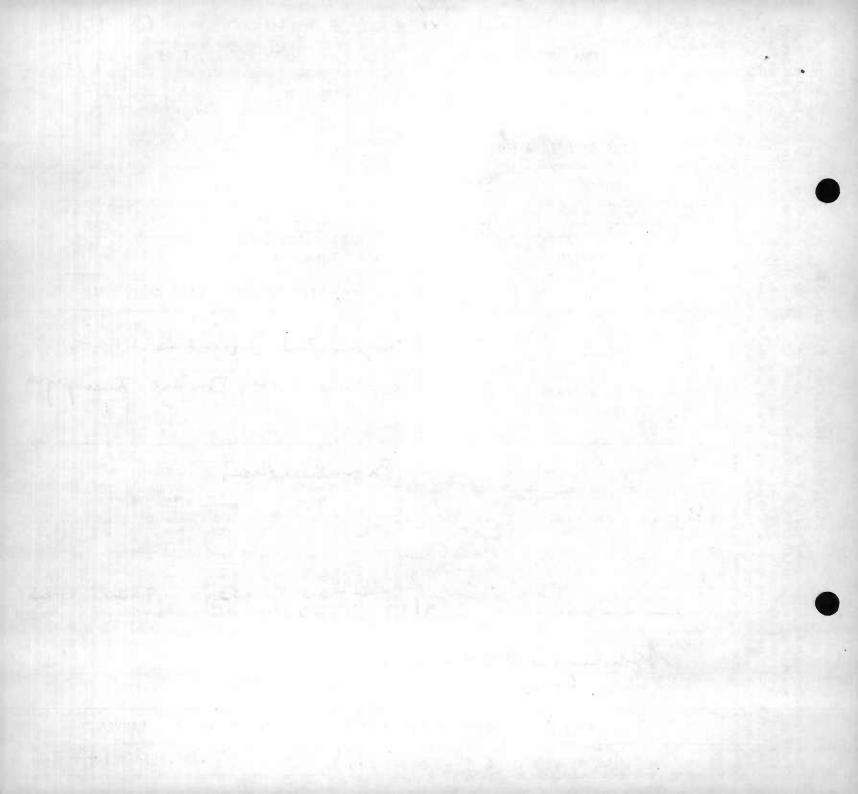
BALTIMORE CITY HEALTH DEPARTMENT Registered No. RESIDENCE (Where deceased lived, If institution; residence before admission) BALTIMORE (If outside city limits, write RURAL and give township) AVE If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? 5356CARRIAGE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)and that in (my) (aur) apinion death occurred on the date 23B, DATE SIGNED MARYLAND FUNERAL DIRECTOR BROS. INC. 6010 REISTERSTOWN

夏子 10/ 大川 Common Navada DERFINAL P THE WHEN W THE WAY SEE THE PARTY WAS ELL 510

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

(Type or Print)	CEASED	9701 CERTIFICA	2. DATE A	ND HOUR OF DEAT	65 9701
	DORA NAD	I CH	SEPIE	MBER 20, 19	65 1 4 A. N
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospitol of oddress or location) 3106 SEQUOIA	or institution, give street	MARY LAND C. CITY OR TOWN (IF C	NTY utside city limits, writ	e RURAL and give township)
FEMALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of	Fworking life, even il retired) SEWIFE	AT HOME	11. BIRTHPLACE (State or for RUSSIA 14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY?
3.1411123 114	? KAPLAN	To the second of	UNKNOWN	AME	
7es, no or unknow	d Ever in U. S. Armed Forces	os? SECURITY NO.	MRS. HILDA CO	HEN 2504	TANEY ROAD
DISEASES rise to the UNDERLYIN	mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a ne above couse (A) G CONDITION lost. II IIIICANT CONDITIONS CO DEATH BUT NOT RELA	Iny, giving stoting the (C)	ony one	ng Disas	il many ys.
A DIZEASE OK	F OPERATION CAUSING IT	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDE OR CONTRIB DEATH (notif	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltim	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
	y that (1) (this hospital)) last saw the decease	d alive an	19 6 5 and t	19 53 ta hat in(my) (aur) a	9-20 1965 pinian death accurred an the dat
and have an		od abave. (1) (We) (did) (did nat) v	nding Med.	Stoff Phys,	23B. DATE SIGNED
23A. SIGNA 23C. PHYSICIA NAME (Yanley (C ANS Type) DR. STANL	EY STEINBACH M.D.	3D. ADDRESS 11 SLADE A	VENUE	



IMPORTANT

FUNERAL DIRECTOR:

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A THE STREET STREET, STREET

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PRESENT VALUE OF STREET OF STREET, STR

we will the transfer attached by the control of the

BIRTH NO. 65'	25154 65	9703		TE OF DEAT		No.65 9703
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	MC CULLO	JUCH	BABY	2. DA	TE AND HOUR OF DEA	0/5
PLACE OF DE	ATH IN BALTIMORE MA		DADI			965 2:30P
FULL NAME O		or institution,	give street	A. STATE D B.	COUNTY	AA
HO ST	AGNES HOSP	ITAL		GLEN BUI	RNIE (If rural, give location)	rite RURAL ond give lownship)
				300 GEO	RGIA AVENUE	
MALE	WHITE	MEAF	IN THAIRING ED	9-18-65	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min. 17 24
	UPATION (Give kind of work warking life, even if retired)	10B, KIND OF	F BUSINESS OR INDUSTRY	BALTIMO		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S MAIDE	N NAME	
RAY				JACQUEL	INE MURPHY	
es, na ar unkna wn	Ever in U. S. Armed Far (If yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	ST AGNES HE	OSPITAL CAT	ON & WILKENS AVE
(This does r heart foilure, injury or con	SE OR CONDITION DIR LEADING TO DEATH not mean the mode of asthenio, etc. It means nplication which coused ANTECEDENT CAUSES	dying, e.g., the disease,	(A)	eiraloy Destr	es Syndrome	INTERVAL BETWEEN ONSET AND DEATH 48 Rows
DISEASES (rise to the UNDERLYING OTHER SIGNI TO THE D	DR CONDITIONS, if e obove couse (A) G CONDITION last.	stoting the ONTREBUTING TED TO TH	DUE TO (C)			
19A. DATE OF	OPERATION CAUSING I	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., in the street, of the street	n ar about 21 C. WHERE I	DID (If in Baltin U R?	more City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		INJURY OCCURRED	e	D INJURY OCCUR?	
that (1) (we)	last saw the decease	d alive an	SEPT 20) (We) (did) (did nat) v	19.65	and that in(my) (aur)	EPT 20 19 65 apinion death accurred an the dat
	tumberts I St	inandy	Phy		Stalf Phys.	Sept 20, 1965
23 C. PHYSICIA NAME (T	HUMBE	RTO HE	RNANDEZ M.D.	St. agree	Nes. B.	altinure md
Burial CRE	specify) 9/21/6	24C.N/	arraine		Baltin.	(City, town, or county) (State)
SEP 22	1965 Robert	25B. NAME C	abeutin A	25C. FUNERAL DIR	mocos B	allemane ml 21
150-REV. 1/1/	5.5			1 . "	,	

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A-3C William A William Co. Sec. 10

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65 0700	BALTIMORE CITY HEALTH		
BIRTH NO. 65 9706 M.E. CASE NO.	CERTIFICATE O	F DEATH Registered	65 9706
1. NAME OF DECEASED (Type or Print) MARGARET MAY		2. DATE AND HOUR OF D	4:30 P _M .
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE	B. COUNTY	d. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or location) INSTITUTION	C. CITY	RYLAND, OR TOWN (If outside city limits, TIMORE	· ·
THE JOHNS HOPKINS HOS	D. STREE	TADDRESS (If rurol, give locoti	on)
5. SEX 6. RACE 7. MARRIED, WIDOWED, WID	NEVER MARRIED B. DATE		Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even it retired)	2 (PLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		HEL POLGREAN	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	island San	ne as aleane)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g.,	CAUSE OF DEATH	emboli to cereb	interval Between onset and Death
LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	(B) CHF, R/C		
DISEASES OR CONDITIONS, if ony, giving tise to the abave cause (A) stoling the UNDERLYING CONDITION lost.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
198. CONDITION FOR WAS PERFORMED		YES	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	PLACE OF INJURY (e.g., in or obout e. form, foctory, street, office bldg.,	21C. WHERE DID (If in B INJURY OCCUR?	oltimore City, give exact location)
OF INJURY	le At Not While	21F. HOW DID INJURY OCCUR?	319
22, 1 certify that (1) (this haspital) attended the that (1) (we) lost saw the deceased alive an	september 19 19	ber 1 1965 to 1	September 19 19 65
and haur and fram the causes stoted above. (1)			23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Typ). Leigh Thompson	M.D. Attending Phys.		TERNE Sept 19, 1965
	n M.D. Th	e Johns Hopkins	Hospital (City, town, or county) (State)
		1 0 1	
SEP 22 1965 DO & G. T.	erdens of Faith	Jalts,	ADDRESS

THE WAR A STATE OF THE PARTY OF A-SIF an APPARAGE BIRTH STREET 37 .3V T (21 98) 2.1-5 5.0 3

SERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 1. PLACE OF DEATH IN BALTIMORE, MARYLAND 1. USUAL RESIDENCE (Whose deceased lived, If institute, STATE) 1. USUAL RESIDENCE (Whose deceased lived, If institute, STATE) 1. USUAL RESIDENCE (Whose deceased lived, If institute, STATE) 1. USUAL RESIDENCE (Whose deceased lived, If institute, STATE)	155
(Type or Print) UHL, EDWARD C. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whore deceased lived, If institu	155
The age of the second street in this in the second street in this in the second street in this in the second street in the second stre	14-
The state of the s	ution: residence before admiss
	(AL ond give township)
Johns Hopkins Hospital D. STREET ADDRESS (If yord, give location)	2/ '
SESEN, 6. RACE / 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH/ 10. ARE (In years III	eding Kd
Male white Warried 9/6/27 100 Dirthday 8	f Under 1 Yr If Under 24 Hours Min
And during most of working life, even il retired) Bolice Nest, (Bulto, Co.) Bolto, Co., M.d.	2. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME	te
15. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown)(If yes, give war or datas of service) 16. SECURITY No.	ADDRESS
220-20-2550 Nefe Same as a	hove)
DISEASE OF CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	24 hR,
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) CEREBRAL IN FARCTION	4 7000
DUE TO	1 10013
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)	
UNDERLYING CONDITION Iosi.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED TUMBE 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PVACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21B. PVACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	ity, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
Work At Work	
22. I certify that (1) (this haspital) attended the deceased from 6 September 19 05 to 20	•
that (12 (we) last saw the deceased alive an 20 Sept 19 60 and that in(my) (aur) apinion	n death accurred an the
and have and from the causes stated above. (2) (We) (did) (#14	B, DATE SIGNED
hencoln Jeanes J M.D. Attending Med. Director Stoff Phys.	Sept 20, 196
23 C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS	+-1
Tingala Tannag Im Ma Ma Tahag Hanking Hagai	
Lincoln Jeanes Jr. M.O. The Johns Hopkins Hospi	town, or ecupty) / (Stat
Burial CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, of Burial 9/23/165 Oak Jawn Balto, Co.	town, or equity) (State
4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, 1)	Ald.

Johns Hope no Horrison Mess white maried Edward D. White Breize Wester BILLIAN SHELLIAN SHELLIAN CERTAINE IN PRICE ON THE WHAT all the survived that the The same of the second trimeta Jeaner J.

VS 151-REV. 1/1/65

65 9709

BIR	TH NO.		MEDIC	CALEX	KAMINER'S	CERT	TIFICAT	E OF D	EATH Registe	red No		
M.	E CASE NO.											
1. NAME OF DECEASED Jewell (Type or Print) ROBERTA J. BASHOW							September 17, 1965 1:15 A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						4. U	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY Maryland					fore odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					C.	CITY OR TOW	N (If outside	corporate limits, write	RURAL	nd give to	ownship)	
Union Memorial Hospital						D.	D. STREET ADDRESS (If rurol, give locotion)					
5. 5	FX	6. RACE	7	MAPPIED	NEVER MARRIED	B D	ATE OF BIRTH	2 N. Bro	9. AGE (In yeors	If IIndo	. 1 V. If	Under 24 Hrs.
	female	white	٧	widow	DIVORCED (specify) red	2	-19-192	8	lost birthdoyl	Months	Doys	Hours Min.
		working life, even			store	TRY 11.	West Vi		country)	12. CITIZ WHA	TEN OF COUNTY S. A.	TRY?
13.	FATHER'S NAM	A E				14. 6	AOTHER'S MA	IDEN NAME			1000	
	Ed	dward Edv	vards				Leati	a Ronk				
		D EVER IN U.S.			16. SO CIAL	17.11	NFORMANT			ADDRES	S	
Ye	no or unknown.) (If yes, give w	or or dotes	of service)	???	C	hapman'	s Fun.	Home, Hunti	ingtor	1 W. V	Va.
CERTIFICATION	(This does the office of the o	SE OR CONDI' LEADING TO not meen the osthenio, etc. mplicotion which NITECENDENT OR CONDITIO E ABOVE CAU: NG CONDITIO II NIFICANT CON DEATH BUT R CONDITION	DEATH mode of difference of the coused de CAUSES NS, IF ANSE (A) STAN LAST. DITIONS CONTRELA CAUSING I	lying, e.g., ne disease, oth.) Y. GIVING THE ONTRIBUTI TED TO T.	(B) DUE TO (C)			drowni				
L CER	DATE OF		9B, CONDI VAS PERFO		WHICH OPERATION	20	Yes		OB. IF YES, WERE FILE N CERTIFYING CAUS Yes	SES OF DI		ED
MEDICAL	UNDERLYING A	L CAUSE WAS OR CONTRIB- SE OF DEATH.		home	PLACE OF INJURY (e.g., form, foctory, street, lake	office	obout 21C. Williams	Lake I	in Boltimore City, given Montebello		ocotion)	02
_	OF INJURY (APPROX.)	9-16-65		(Hour)	WHILE AT NO	T WHILL WORK		w DD INJUR	auto into	1ake	4	
	22. I cert	tify that I held			principal	utopsy			bosis, deoth in m		n	
	resul	ted from: Not	urol caus	es .	Accident Suic	ide 🗌	Homicid	le Un	determined manne	er X		
	ACTUAL SIGNAT		1/81	le	sal M.	D. ASS		DICAL EXA	MINER MINER			E SIGNED
	EXAMIN	Type) Rudi			ecker, M.D.			EDICAL EXA		ept. 1		105
	Burial CRE MOVAL (Specify Burial	()	-21-65	200	Ronk Cemeter		MATORY	23D. LO	ilton West	town, or Virgi		(Stote)
24/	A. DATE REC'D	BY HEALTH DE	PT.	24B, NAME	OF REGISTRAR	THE	24C. FUNERA	L DIRECTOR		,	ADDRESS	
	SEP 2	2 1965	P.O.	483	Facours		Wm. Co	ok-Broo	ks Towson,	Inc.,	lowson	n 4,Md.

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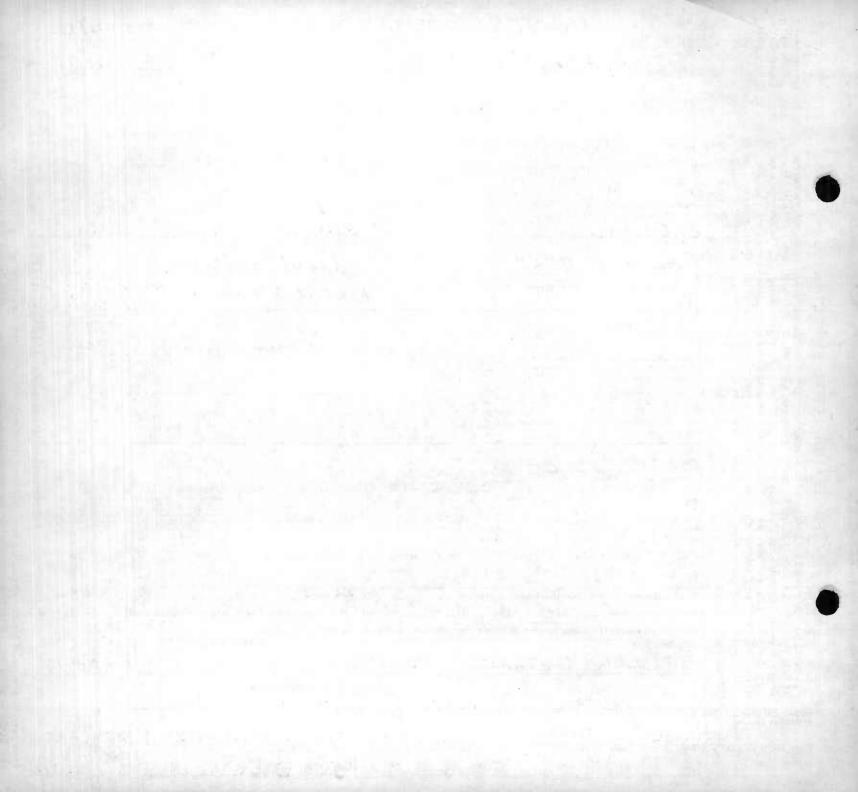
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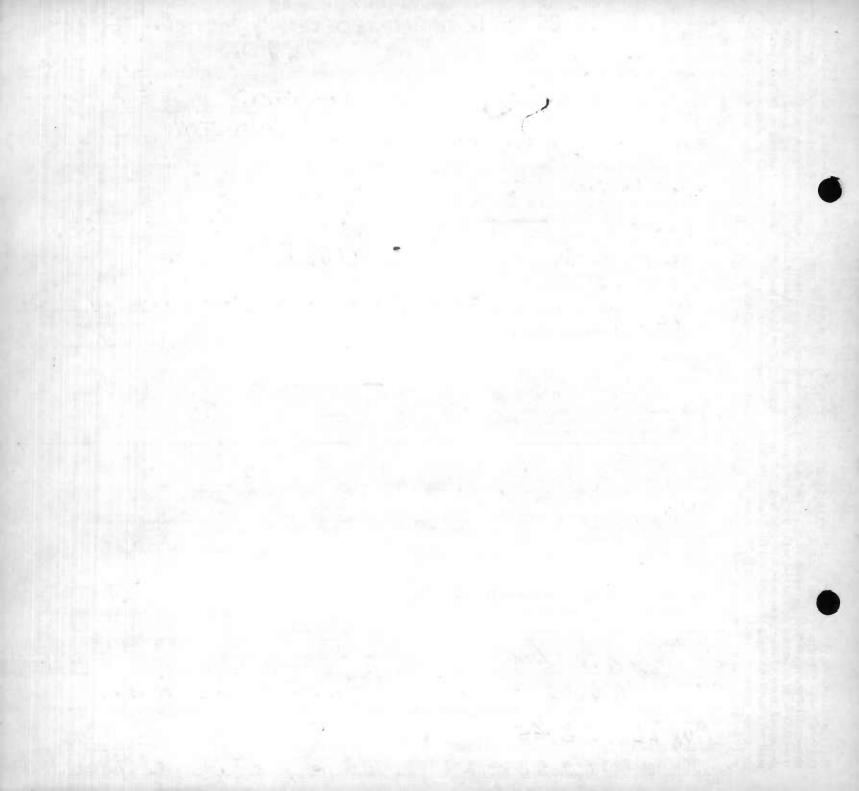
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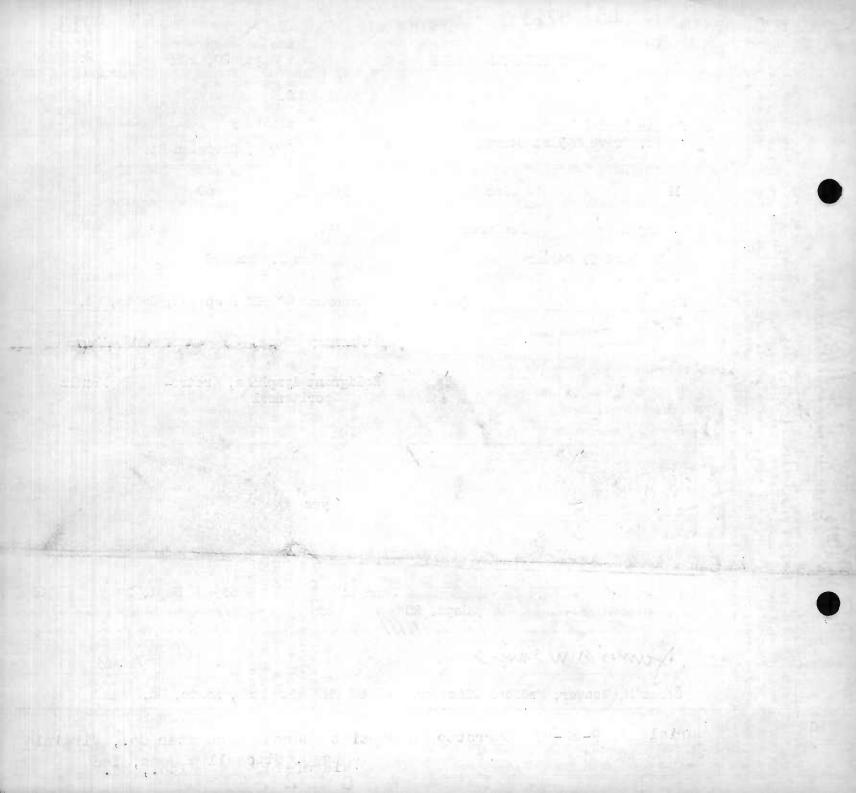
				BALTIMORE CITY	HEALTH	DEPARTMENT		
	H NO.	65	9711	CERTIFICA	TE O	F DEATH	Registered No.	65 9711
M.E.	CASE NO.					2 DATE AN	D HOUR OF DEATH	The second second
	and Dalasti	,						1
3. P	LACE OF DEA	dre A. Zepi	DYLAND		I A LISTIA	AL DESIDENCE (Who	do a go	10:13 A.M
	THE OF BEA	THE DALL HAVE AND			A, STAT	B. COUN	ITY	10:15 A,M nstitution: residence before odmission)
	ULL NAME O		or institution	n, give street	/	marulani	1 13	alto- 53-00
	OSPITAL OR	oddress or location	1)		C. CITY	OR TOWN (If ou	tside city fimits, write	RURAL and give township)
					7	modeun	2	
	22	Mana			D. STREE	TIMONIUM ET ADDRESS (III	rurol, give location)	
	31	Mercy				117 Reut		
5. SI	FY	6. RACE	7 AAAPPIE	D, NEVER MARRIED		OF BIRTH	O AGE the week	If Ilodos 1 Vs. If Ilodos 24 Has
			WIDOW	ED, DIVORCED (specify)	5. DAIL		lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	1=	W	Wi	dowed		7-20-08	57.	
		JPATION (Give kind of work working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
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2 0	CLERS NAM	ICAN			BA	HERS MAIDEN NA	Md	USA.
J. F			11.80		14. MOT	HERS MAIDEN NA	ME	
	HUC	H N. 13E1	ムナ			VANMI >	FIGIED	
5. V	Vas Deceased	Ever in U. S. Armed For	es?	1 6. SOCIAL	17. INFO	RMANT	LIY NEIC	ADDRESS
Yes,	no or unknown	(If yes, give wor or date	s of service	SECURITY NO.	PAR	RERT CY	IRPRIAN .	ADDRESS IN WESLEIGH DA. SIMPSONVILLE, M. INTERVAL BETWEEN
	No				1602	2/3/ 4/	9/// ////	SIMPSONVILLE, M.
	18. 199	21		CAUSE O	F DEATH			INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	ECTLY			-		ONSET AND DEATH
		LEADING TO DEATH		w Gener	alread	(Carein	omateria	nears
		al mean the made of		g., DUE TO	1	· Carein		
		asthenia, etc. 11 means plication which caused		ie, /				0
				/B)				
		ANTECEDENT CAUSES		DUE TO				
	DISEASES O	R CONDITIONS, if	any, givir	ng				
		abave cause IA) CONDITION last.	stating It	1e (C)				N 11
-	ONDEREING	CONDITION Idsi.						
-		II .						
0	TO THE DI	FICANT CONDITIONS C EATH BUT NOT RELA	TED TO	THE				
Y	DISEASE OR	CONDITION CAUSING I	ī,					
ERTIFIC	19A. DATE OF	OPERATION 198. CON	DITION FOI	R WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
2	0		- 1.11.20			NO	III GERIII III G	OSES OF DEATH.
U	21 A. ACCIDEN	T WAS UNDERLYING	2	18. PLACE OF INJURY (e.g., in	or obout	21C. WHERE DID	(If in Boltimor	e City, give exoct locotion)
4		medical examiner		ome, lorm, foctory, street, of tc.)	tice olag.,	INJURT OCCUR?		
9								
	21D. TIME OF INJURY	(Month) (Doy) (Year)		1E. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?	
<	(APPROX)		1	White At Not While At Work	e 🗌			
	22 1	41 - 4 /1\ / Alta la actact				- 6 5-	10	9 20 66.
	22. I certify	that (1) (this hospital) offended	the deceosed from			19to	9-206519
	that (I) (we)	lost saw the decease	d olive or	10:15 am 9-20-	65 19	ond th	ot in (my) (our) opi	nion death occurred on the date
	and hour ond	fram the couses stat	ed obove.	(1) (We) (did) (did not) v	iew the	body ofter death.		
- L	3A. SIGNATU					,		23 B. DATE SIGNED
	0	el pl	1	M.D. Atte	nding _	Med.	Stoff	
	Car	nelita A. C	endo	2na Phy	s	Director	Phys.	9-20-6V
	23C. PHYSICIA NAME (T	ype)		,	23D. ADD	RESS		
	CAR	malta 0	0-	al dayla M.D.	~	MARA.	Har 0.1.0	
24A.	BURIAL CREA	MATION, 24B. DATE	240	NAME OF CEMETERY OF CRE	MATORY	7240	OCATION "C	ity, town, or county) (State)
0	REMOVAL (S	ipecify)	ac Li			740.	CANON	(3fote)
15	URIAL	DEPTISI	462 4	ERRAINE F	METE	RY 6	PLTIMORE	MARYLAND
25A	DATE REC'D	BY HEALTH DEPT.	258. NAM	E OF REGISTRAR	25C.	FUNERAL DIRECTOR	1	ADDRESSO . O
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7 - 7 - 7 - 7		RTH NO.	65	9712	CERTIFICA	TE OF	DEATH	Registered No.	00	3/12
and eath ased the		LE. CASE NO.		- i ₂ ³¹	8.33			D HOUR OF DEATH		A. 14 20
-700 5		ype or Print)	nes 1	nench	*****		9-14-	A STATE OF THE STA	1	710
	3.	PLACE OF DEATH IN				4. USUAL I		e deceased lived. If i	netitution: sesid	ence before admission
ig og e	5					A. STATE	B. COUN	TY	1	ence belore duringssion)
se se (5)	3	FULL NAME OF	f not in hospital or	institution agive s	treet	MIA	RVLAN	D	CENT	-64-00
a ho cause se; (5		HOSPITAL OR O	ddress or location)			C. CITY OR	TOWN (If ou	side city limits, write		ve township)
		34					W	ORTON	/	
d in cau	5	Bon Seco	urs He	spital		D. STREET	ADDRESS (If	rural, give location)		
D.+ D.						Wayte	n, Many	land, chest	Lertown	
but	5	SEX 6. RACE	7	. MARRIED, NEVI		8. DATE OF	BIRTH	9. AGE (In years	If Under 1 Months; Do	Yr. If Under 24 Hrs. ys Hours Min.
tri.cu	s ma	male wh	vite		ORCED (specify)	11/21	1-6	lost birthdoy) 58	Months Do	ys Hours Min.
occurre ontribut ermined regular	S .5	A. USUAL OCCUPATION		OR KIND OF BUSI		11. BIRTHPL	ACE (State or forei	an country)	12. CITIZEN	OF
	0 E de	ne during most of working li		and the state of	meridan mental mental films on the sea	17	The state of total	M.	WHAT	COUNTRY?
o o o	=	FARMER	2	AF	M	KeN	T 60.	I'ID,	6	ISA
Q _ D Ö	sod:	FATHER'S NAME					ES MAIDEN NA			
F := 64 > ;	disposition	charles	Menah			ELIN	ADD A	= EYSER		
Z tront		. Was Deceased Ever in	U. S. Armed Force	116.5	OCIAL	17. INFORM		/		DDRESS
A p a u	Y) 0 0	es, no or unknown) (If yes,	give wor or dotes	of service) s	ECHIPITY NO		7	W.	4/	111
A Sistan	final	No		21	4-28-3473	MRS	JAMes /	"ICNCH	VORTO	N MD.
IMPORTAN or his assistan Also, if the d of any kind;	20	18. 15 / X		7	CAUSE OF	DEATH	On of . w	É	INT	ERVAL BETWEEN
f o,	_		ONDITION DIRE	CTLY %	1189		Section 1	einoma	ON	SET AND DEATH
A Is	Bed		IG TO DEATH		(A) 90	istrie	i Car	euoma	. 14	L' Moully
0 4 5 5	5 5	(This does not meet heart foilure, ostheric	the mode of d	lying, e.g.,	DUE TO			*******		
S e e	2.0	injury or complication								
O in in in o	E	ANTECE	DENT CAUSES		(B)			******		
A PER		DISEASES OR COM	IDITIONS IF A	v civica	DUE TO					
REC exa 3) A	_ <u>0</u>	rise to the above			(C)					
= = - = -	us u	UNDERLYING CONE	DITION lost.		00 6 m m m m m m m m m m m m m m m m m m		**************************************	**************************************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	e remain		11							
AL med edi bur hys	E 2	OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING						
FUNERAL e chief med by a medi 2) Body bur e the phys	Te re	DISEASE OR CONDIT								
A P P P P P P P P P P P P P P P P P P P	o the	19A. DATE OF OPERAT	TON 198. CONDI	THON FOR WHICH	H OPERATION	20A. AUT	TOPSY? (Yes or No	10 208. IF YES, WERE	FINDINGS CO	NSIDERED
Z 4 284	20 1	0	WAS PERFO	KMED				IN CERHFIING CA	USES OF DEA	(IH?
F 00000	before	21A. ACCIDENT WAS	UNDERLYING	218. PLAC	E OF INJURY (e.g., in	or about 210	C. WHERE DID	(If in Boltimor	e City, give es	xoct locotion)
+ 1000	0 0	DEATH (notily medical		etc.)	m, foctory, street, off	ice biag., INI	JORT OCCUR!			
× e pit			(Day) (Year)	(Hour) 21F INIII	IRY OCCURRED	215	F. HOW DID INJ	INV OCCIUN		
P S T + S	ned	OF INJURY	tedy, treon	While At			. HOW DID ING	DRY OCCUR:		
> 0.	8 8	(APPROX)		Work	Al Work					
pro ny exc	4	22. I certify that (I)	(this hospital)	attended the de	ceased from	8-	34-	965 to	9-14	19 65,
0000	. 6	that (1) (we) last sa	w the deceased	alive on	9-14	19			nion death o	occurred on the date
000	P								o dodin o	recorred on the date
d entid	must	and hour and from t	ne causes state	a above. (I) (we) (ala) (ala not) vi	ew the bod	dy atter death.		loop Bare e	
ust be eased ident	3 5	234. 310.14.10.12	de h	An -	M.D. Atter	dina 💳	Mad -	Stall order	23 B. DATE S	
must eleas ccide	9 -	suca	wood	ras -	M.D. Atter	iding [Med. Director	Stoff Phys.	7	7-14-65
L = 0	2 2	23C. PHYSICIAN'S NAME (Type)			2	3D. ADDRES		1.0	11	
P P P P	pro	10	AN F.	SORD	6 . M.D.	B0/	n sec	OURS /	TOSP	
W	10.	A. BURIAL CREMATION	, 24B. DATE	24C. NAME	of CEMETERY of CREA	MATORY	24D, 11	CATION (C	ity, town, or co	ounty) (State)
F \$ 0.	2 5	REMOVA (Specify)	9/m /1	101	acepta.		0			1
This cert the body shows: (1	Zi Zi	DURIAL	1/18/0	5 Che	SPER		CI	resterTo	NO	11)d
This the bashow	25	A. DATE REC'D' BY HEA		SB. NAME OF REC	GISTRAR	25C. FUN	NERAL DIRECTOR	20 0	-1	ADDRESS 11'
下士 5 3・	3 3	SEP 22 196	5 P.D. A	E. Jacke	MA		6 dsar	didan	e Ch	urch I Hell n
	VS	150-REV. 1/1/65	The state of the s				1			,



		CE OFIA	0	BALTIMORE CITY	HEALTH DEPARTMEN		
	H NO.	65 971	LJ	CERTIFICA	TE OF DEATH	Registered Na.	65 9713
	AME OF DECI	FASED			DATE	E AND HOUR OF DEATH	
	e or Print)	LOMBARD T	TITDGTONI	CADMED		Sept. 20, 1965	2:15 A
2 0	LACE OF DEA	TH IN BALTIMORE MA		UARTER			Α
	ULL NAME O			Dive street	A. STATE B. C.	Where deceased lived. If it	nstitutions residence before admission
- -	OSPITAL OR	oddress or locolion Health Serv	1)		C. CITY OR TOWN	f outside city limits, write	RURAL ond give township)
		Drive & 31s		•		(If rurol, give locotion) S. Division	10-10-
5	7						
5. S	M	6. RACE		NEVER MARRIED O, DIVORCED (specify) NOT	5/11/05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
		IPATION (Give kind of work vorking life, even if refired)		BUSINESS OR INDUSTRY	- / /	foreign country)	12. CITIZEN OF WHAT COUNTRY?
C	hief Eng	ineer	Seafa	rer	Va.		USA
13.	FATHER'S NAM				14. MOTHER'S MAIDEN		
		nbard T. Cart				Sanford	
5. Yes	Nos Deceosed , no or unknown)	(If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			214-38-4392	Records- US	PHS Hospital,	Balto, Md.
	18. 2 O C	E OR CONDITION DIR	ECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)	Pulmonary eder	na	Hours
	heart failure, injury or com	of mean the mode of ostheria, etc. If meons plicolian which coused NTECEDENT CAUSES	the diseose,	(B) ,	Malignant lymp		Months
	rise to the	R CONDITIONS, if obave cause (A) CONDITION last.		(C)	berr wik	3d.T	
ATION	TO THE DE	II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH				
CERTIFIC	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	yes	IN CERTIFYING CA	
_	OR CONTRIBU	TING CAUSE OF medical examiner	21 B. hom etc.	PLACE OF INJURY (e.g., ir e, form, foctory, street, of	ar obout 21 C. WHERE DI	D (If in Boltimore	e City, give exoct locotion)
_	21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED ile At Not While rk At Work		INJURY OCCUR?	
	22. I certify	that (V) (this hospital) attended t	he deceased from Jur	ne 14	19 65 to Se	pt. 20 19 65
		last sow the decease					nion death accurred an the da
							mon death accurred an the da
			ed abave. ()	(We) (did) (did har) v	iew the body after dea	ith.	
	23A. SIGNATU	ME MIW.	9 4				238. DATE SIGNED
	70			Phy:	nding Med. Director	Stoff Phys.	9/20/65
	James	Ms M. Weaver, M	Medical	Director M.D.	US PHS Hosp	oital, Balto, 1	Md.
	. BURIAL CREA			AME of CEMETERY OF CRE			ity, town, or county) (State)
	Burial	9-22-6					
25A	SEP 22	1965 Pleat	25B. NAME C	DE REGISTRAR	25C. FUNERAL DIRECTION O M	it Chell & S	r Co., Virginia
/ S	150-REV. 1/1/6	5	7	15011	10 2	7	J IIU.



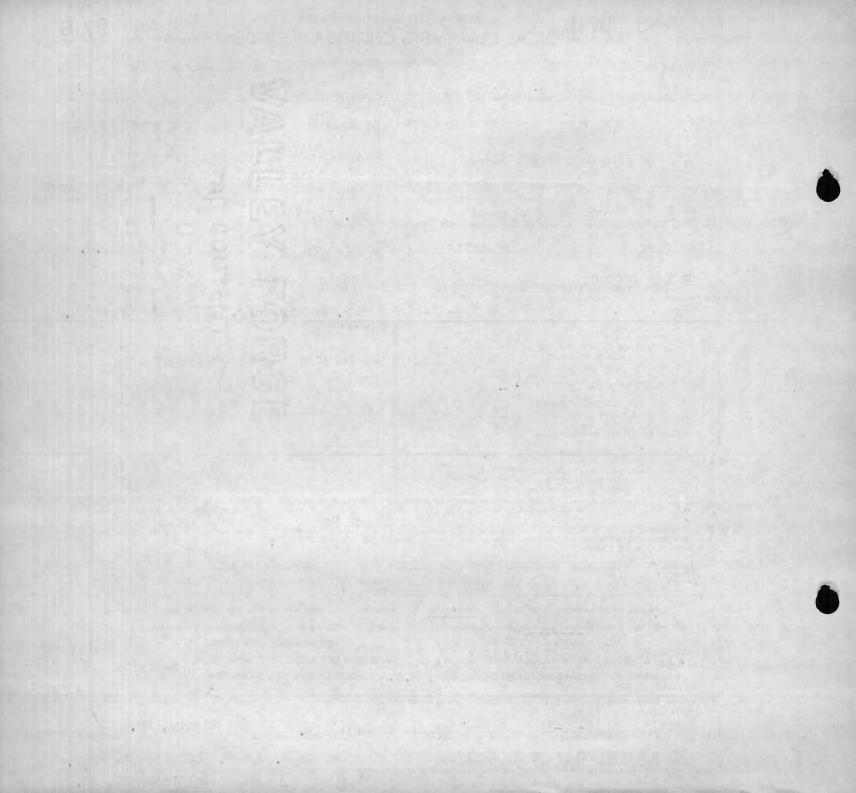
FUNERAL DIRECTOR: IMPORTANT

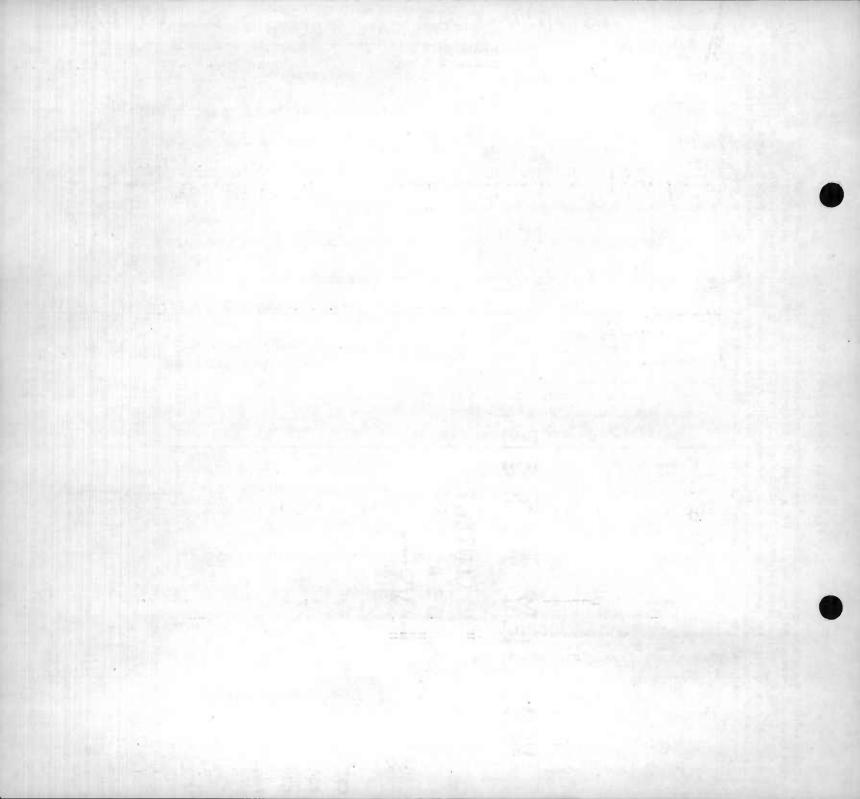
65 974	BALTIMORE CITY	HEALTH DEPARTMENT	(1)	•••
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No. Di	9714
M.E. CASE NO. 1. NAME OF DECEASED	1	2 DATE AND	HOUR OF DEATH	
(Type or Print) Sieamund, Ch	vistine M.	SZ	PT. 20,191	151 1:15Am
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceosed lived. If Instituti	on: residence before admission)
FULL NAME OF (If not in hospital or insti	tution, give stieet	MD.	13	alto-53-00
INSTITUTION		D	de city limits, write RURA	L ond give township)
HYUNION MEMORIAL	HAO PITAI	D. STREET ADDRESS (If IUI	ol, give location)	
470101001160116	-110211111	6817 Blen	heim Rd.	
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)		AGE (In years If I Mon	Under 1 Yr. If Under 24 His. oths: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, K	MARRIED	5/31/91	74	
done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	MOME	BALTO, MIL) •	U.S.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	h	
John William KRAT	7		DOCKELMAN	
15. Was Deceased Ever in U.S. Armed Forces? (Yes, no oi unknown) (If yes, give wor or dotes of se	security No.	17. INFORMANT		ADDRESS
No	UNK.	HARRY B.	DIEGMUND	-JAME AS ABOU
18. 420,01	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(MILESTINE HE	PORT FAILURE	6 Mos.
(This does not mean the mode of dying heart failure, asthenia, etc. It means the di	, e.g., DUE TD	N. V. S. F. T.		***************************************
injury or complication which coused death.		ERIOSCLEROTIC HE	= APT DIS	in woon.
ANTECEDENT CAUSES	DUE TO	PHOSCEROUS IN	~11(() () ()	10 YEARS
DISEASES OR CONDITIONS, if ony, rise to the obave couse (A) station				
UNDERLYING CONDITION Iosi.	9		* * * * * * * * * * * * * * * * * * *	
z II				
TO THE DEATH BUT NOT RELATED OF CONTRIBUTIONS CONTRIBUTION	TO THE CEREBRAL	RTERIOSCREROSIS	Z PIONT HEMIN	ARESIS I YEAR
U 19A DATE OF OPERATION 1198 CONDITION	FOR WHICH OPERATION	20 A. AUTORSYP (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED
WAS PERFORME	D	No	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE DF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID	(If in Boltimore City	, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJUR	Y OCCUP?	
S OF INJURY (APPROX.)	While At Not Whil	е		
	Work At Work	3 5 13	/- 2-57	20 /
22. I certify that (1) (this hospital) atter	C = MT M	Am A	65 to 3 = P1	
that (We) last sow the deceased oliv			in (aur) opinian	death accurred on the dote
ond hour ond from the couses stated ab	ove. (4) (We) (did) (did mbt)	riew the bady ofter death.	228	DATE SIGNED
L. Ema Orales			off S	sht 20 1915
23C. PHYSICIAN'S	Phy	S. Director Ph	y s page	epi 120,1100
L. EVAN CUS			RIAL HOSPIT	At
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR			wn, or county) (Stote)
REMOVAL (Specily) Burial 9-22-65	David Ridge	D	ikacwilla	
25A. DATE REC'D BY HEALTH DEPT. 25B. N	Druid Ridge	25C. FUNERAL DIRECTOR	ikesville,	ADDRESS
SEP 22 1965 P. P. B & S	Stable Brid 1)	John O Mite	hell & Sons	-Wiedefeld
VS 150-REV. 1/1/65		ayus tork uld	. Deltimor	e, rid,

LALINS THE WASHING

Baltimore 25, Md.

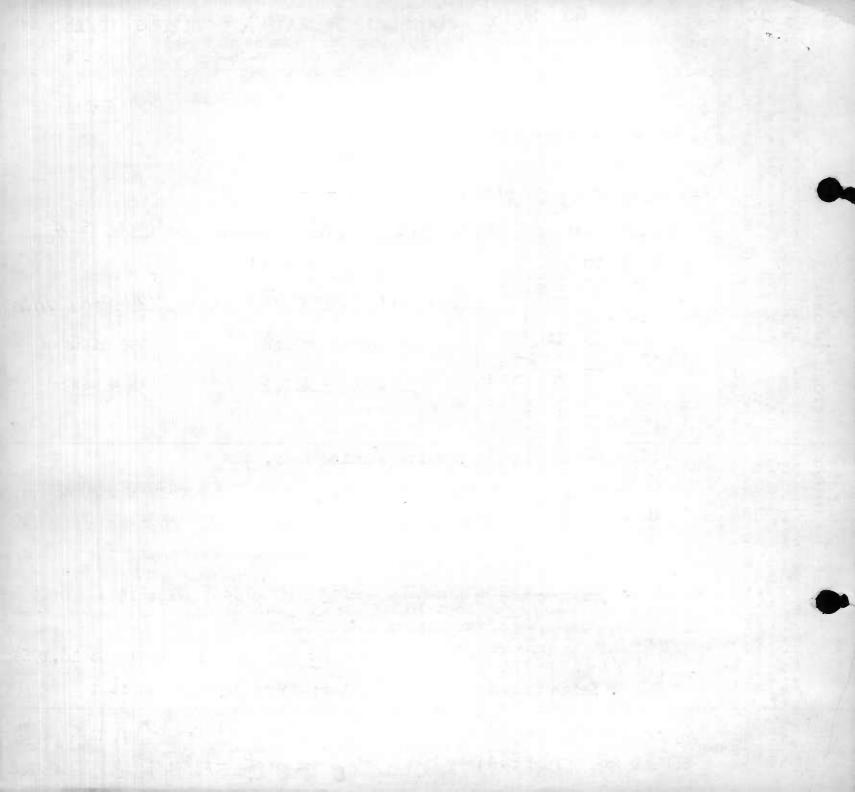
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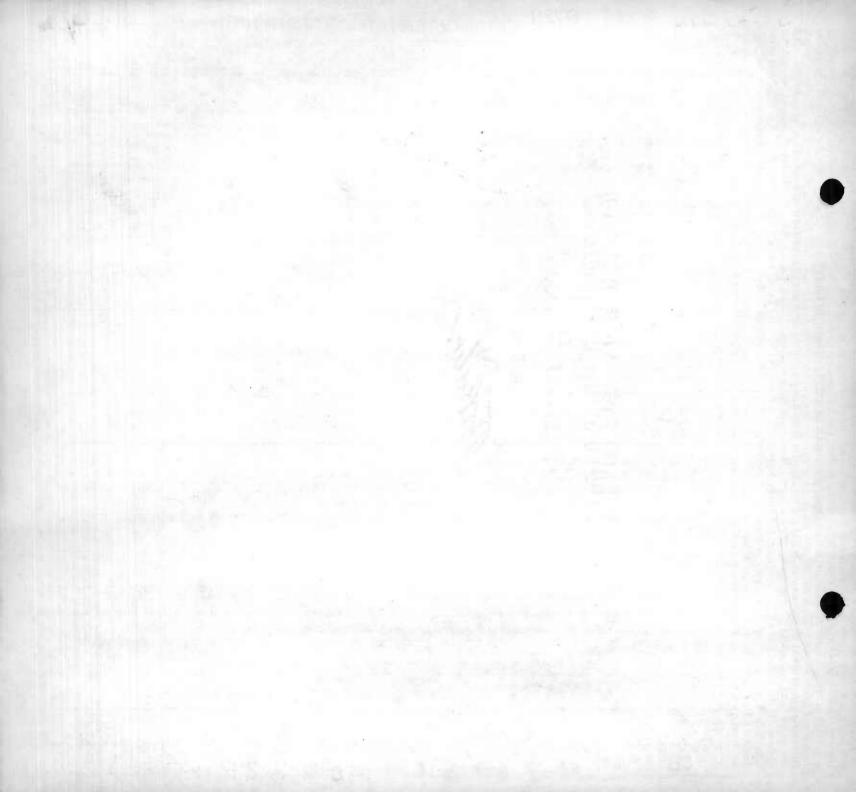




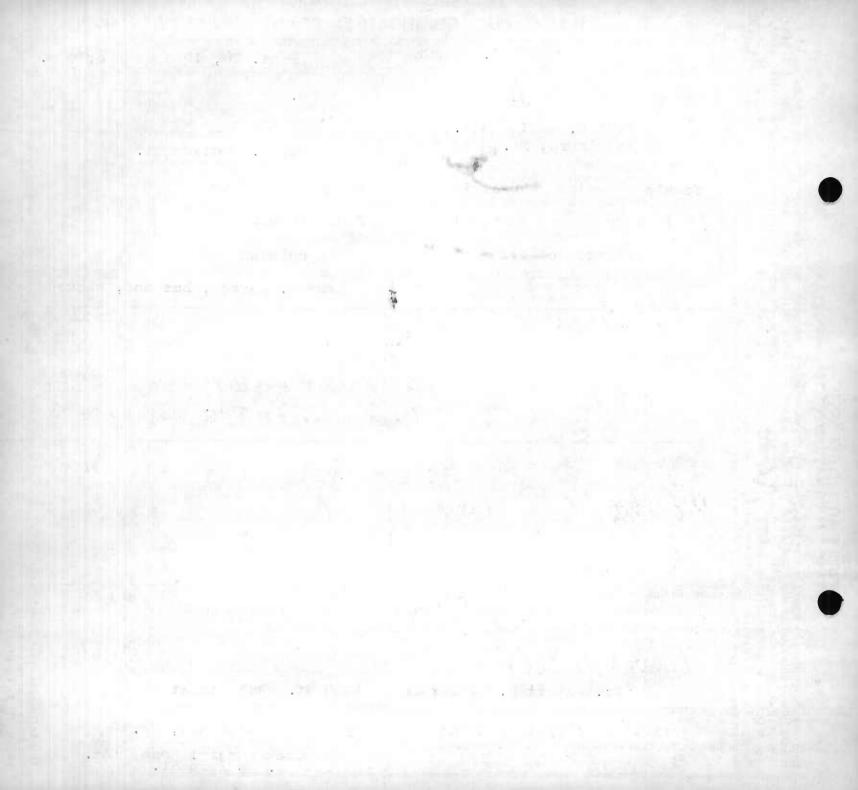
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in

	CE	OPIAO	BALTIMORE CITY	HEALTH DEPAR	TMENT	
BIRTH NO.	00	9718	CERTIFICA	TE OF DE	ATH Registered N	0.65 9718
A.E. CASE NO.	PACED					3,40
Type or Print)		DONID			DATE AND HOUR OF DEAT	4.30 A.
	BESSIE				9-16-65	M
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	ENCE (Where deceased lived, II B. COUNTY	f institution: residence before admission)
FULL NAME O	F (If not in haspital oddress or lacotion		give street	MARYLA C. CITY OR TOW		te RURAL and give township)
INSTITUTION	1011110 110014		001711	WALDOR		
33 THE	JOHNS HOPK	INS HO	SPITAL	D. STREET ADDR		
		I=		ROUTE	7	
SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	last birthday)	If Under 1 Yi. If Under 24 Hrs. Months Days Hours Min.
FEMALE	NEGRO	MAR	RIED	11-25-	06 58	
	UPATION (Give kind of work	108, KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF
11	warking life, even if retired)	7		m.		WHAT COUNTRY?
	EWORK	Do	OMESTIC	MA	RYLAND	U.S.A.
FATHER'S NA				14. MOTHER'S M	AIDEN NAME	
JAMES	SMITH			MARY	HAWKINS	
	Ever in U. S. Armed For	cas?	1 6. SOCIAL	17. INFORMANT	HAMILING	ADDRESS
es, na ar unknawn	(If yes, give wor ar date	s of service)	SECURITY NO.		.4.4	
NO	No. of the last		216-22-2489	EUGENE	MUSCHETTE	WALDORE MA
18. 44 /	44 1		CAUSE O	F DEATH	1110 0011 0110	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTIV				ONSET AND DEATH
DISCA	LEADING TO DEATH	CECILI	DIITM	ON A DV EM	POTTIC	30 minutes
(This does o	not mean the made of	dvina ea	DUE TO	ONARY EM	DOTOR	JO MINUTES
heart failure,	asthenia, etc. It means	the disease,	502.10			
injuly al can	nplication which caused	death.)	MITTO	MDODUT IZD	TMTC	# 4 weeks
1	ANTECEDENT CAUSES		DUE TO	MBOPHLEB	TITO	A WEEKS
DISEASES	OR CONDITIONS, if	anv. giving	DOE 10			
	e abave cause (A)		(C)			
	G CONDITION last.		B 50-60-8 B 5 B 5 B 5 B 5 B 5 B 5 B 5 B 5 B 5 B			
TO THE D	IFICANT CONDITIONS C	TED TO TH	G Massive c	ardiomeg	aly, CHF	- 81
	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES WEI	RE FINDINGS CONSIDERED
2	WAS PERI			il 11		CAUSES OF DEATH?
19A. DATE OF	NT WAS UNDERLYING	215	PLACE OF INITION	n or above 21 C was	ERE DID ULL DOLL	mana City along avent learning to
OR CONTRIBL	JTING CAUSE OF medical examiner)	hon etc.	PLACE OF INJURY (e.g., i ne, farm, factory, street, a)	ffice bldg., INJURY	OCCUR?	nare City, give exoct lacation)
21D. TIME	(Month) (Doy) (Year)	(Hour) 218	. INJURY OCCURRED	21F. HO	W DID INJURY OCCUR?	
OF INJURY		W	nile At Not Whil			
(APPROX.)		Wo				
22. I certify	that (1) (this hospital	trattended t	he deceased from S	ent 15	1965 to 9	ept 16 1965
	last saw the decease			19 65		_
						apinian death accurred on the da
and have an	d fram the causes stat	ed abave. (1) (We) (did) (did XoX) \	view the bady of	ter death.	
23A. SIGNATU	JRE 0 a	1				23B. DATE SIGNED
	AM . 11 -	11.	M.D. Att	ending M	ed. Stoff INT	ERNE Sept 16,196
200	Keyh /	unu	pho Phy		ector Phys.	
23C. PHYSICIA	unak u	mb/		23D. ADDRESS	Tolore TT-ml-4	Tre and to 7
	W. Leigh	Thomps	on M.D.	Osler;	Johns Hopkins	nospital
4A. BURIAL CRE	MATION, 24B, DATE	Dac N	AME of CEMETERY OF CR	ENANTORY	240 1004201	16:1
REMOVAL	Specify)	24C.N	ANTE OF CENTETERS OF CR		24D, LOCATION	(City, town, or county) (State)
KLDI	A 9-20	-63/1	10,111+ AMA	1 /lethod	15+ 14	MATA M.
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERA	DIRECTOR	ADDRESS I
SED O	2 1965 1200	8- C +	John Mary M. M.	1	conft In	12000 0 0
OLI A	0000	In C'	The state of the s	0 0 101	will July	relat tom
S 150-REV. 1/1/	65	4		0 63	0	



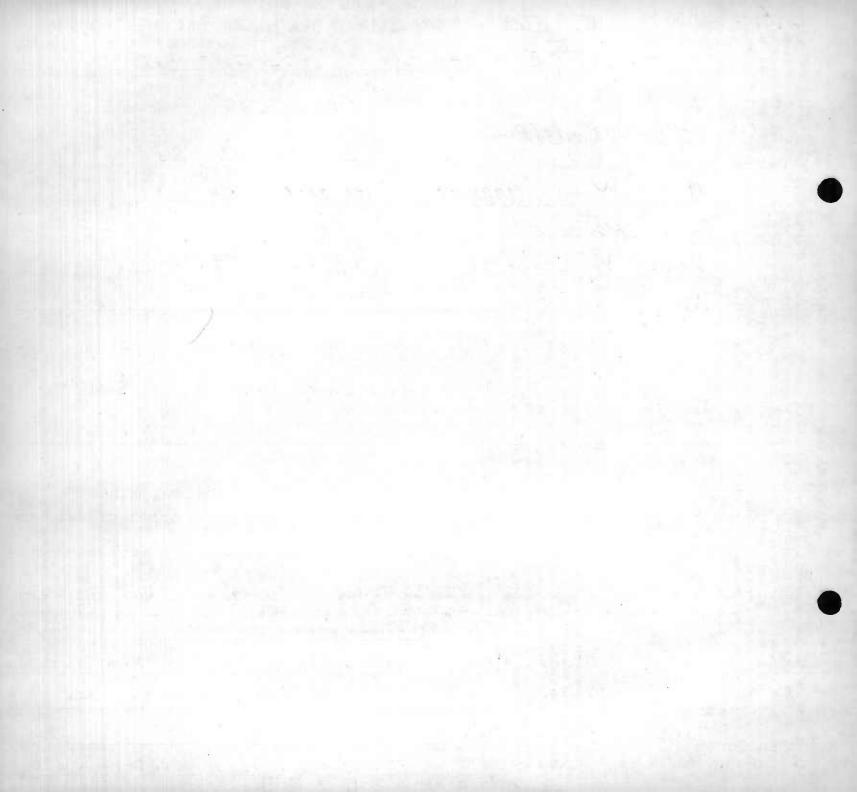


		#	BALTIMORE CITY	HEALTH DEPARTMEN		
BIRTH NO. M.E. CASE NO.	65	9720	CERTIFICA	TE OF DEAT		
1. NAME OF DEC (Type or Print)		OTHY I.	KOVACK		pt. 20, 1965	
3. PLACE OF DEA	ATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: residence before odmission)
FULL NAME O HOSPITAL OR INSTITUTION	OF (If not in hospitol oddress or location)	on)	₩ · ₩	Md.	of outside city limits, write	RURAL ono give (township)
04	Baltimore	, Md.	21205	D. STREET ADDRESS 2927	(If rurol, give locotion) E. Madison	St.
5. SEX	6. RACE	7. MARRIED,	MARRIED SIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
fiemale	white	William Water		2/20/1916	49	
done during most of	working life, even if retired)	Epste	BUSINESS OR INDUSTRY	Bennsylva		12, CITIZEN OF WHAT COUNTRY?
Sales		Epste	LII S	\$200		
13. FATHER'S NA!	we Wallace Po	llock -	Mary Mary Sans	14. MOTHER'S MAIDEN	nown	
	Ever in U. S. Armed Fo		16. SOCIAL SECURITY NO.	17. INFORMANT George K.	Kovack, hůs	above above
18. / 5 m	, 7 I	DECTI Y	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH		(A) CAR	CINOMA	OF JEJUM	VM. 10MOS.
heart failure,	nol mean the mode a osthenia, etc. It mean nptication which cause ANTECEDENT CAUSE	s the disease, d death.)	OUE TOAN	NPRAVIC	OF JEJUM ORGANS REINOMATI	one 3 Mos.
DISEASES O	OR CONDITIONS, if e obave cause (A) G CONDITION last.	any, giving			FIRTUNU	
TO THE D	IFICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	ATED TO THE	BRONEL	+-PNEUN		INK.
1017/11	1.64 - WAS PE	REPORMED	ACINOMA	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTED DEATH (notify	TING CAUSE OF	218. hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21 C. WHERE I	OID (If in Boltimo	re City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	Whi	INJURY OCCURRED 4	le 🦳	D INJURY OCCUR?	
		Wor		11 12 11	a	1-1-
	that (I) (this haspited) last saw the deceas		9/17/65	'	and that in (my) (aur) ap	inloh death accurred an the dat
and haur an	d fram the causes sta	ated abave. (1	(We) (did) (dld nat)	view the bady after de	eath.	
23A. SIGNATU	las Mi	ilhe	M.D. Att	ending Med.	Stoff Phys.	238, DATE SIGNED
23C. PHYSICIA NAME (1	Dr. Albe	rt R. V	Vilkerson _{M.D.}	23D. ADDRESS 1200 St.	Paul Street	
24A. BURIAL CRE REMOVAL (Specify)		Me of CEMETERY of CR		Baltimore,	City, town, or county) (Stote)
	BY HEALTH DEPT.	25B. NAME C				
SEP 9	2.2 1965 0 0	200	a Dev M. D.	Schimune 2601 F	k Funeral H Madison S	ome, Inc.
V\$ 150-REV. 1/1/	65	au Ci	,	2001 2		



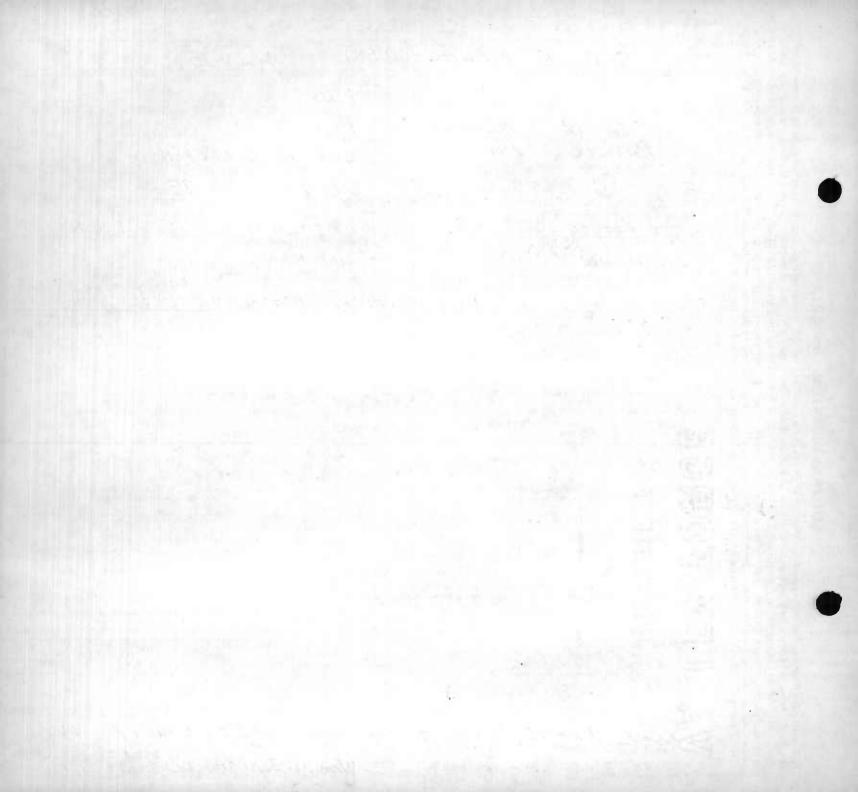
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BALTIMORE CITY HEALTH DEPARTMENT

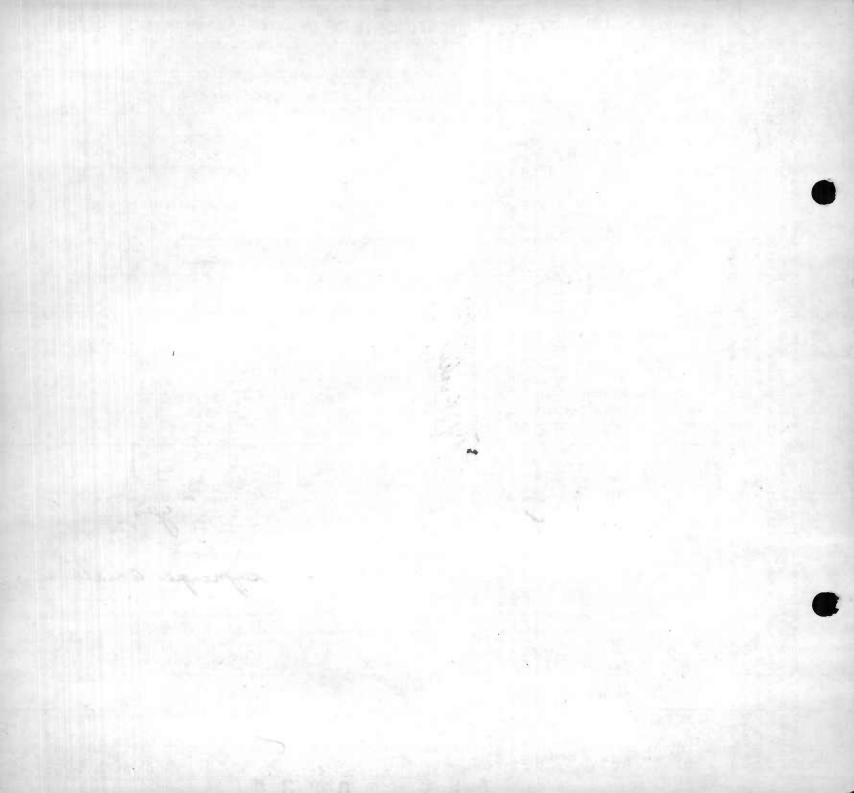


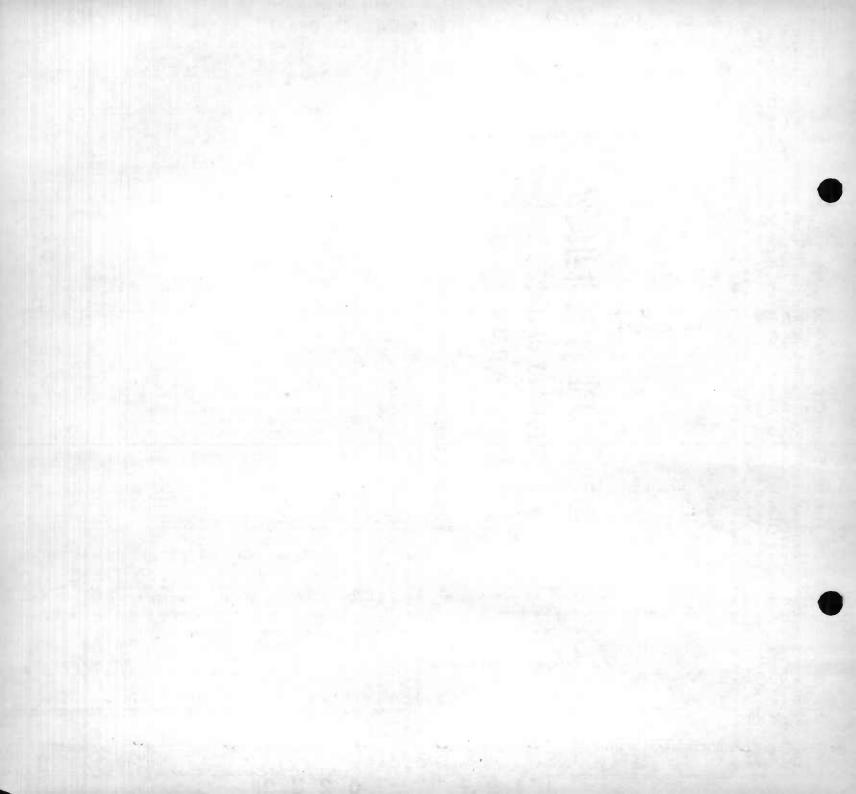
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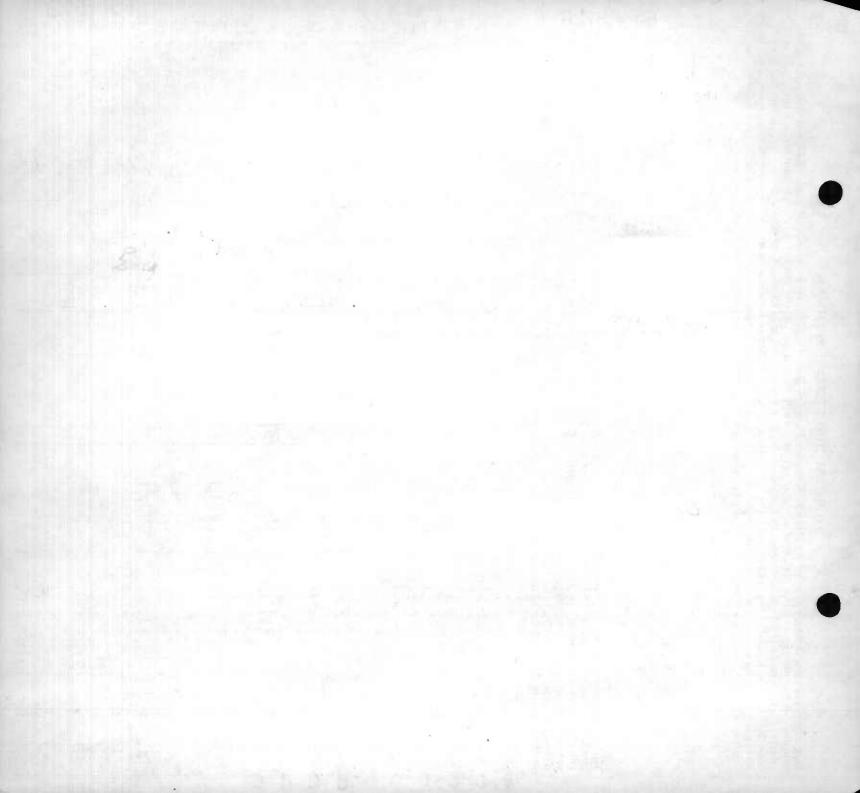


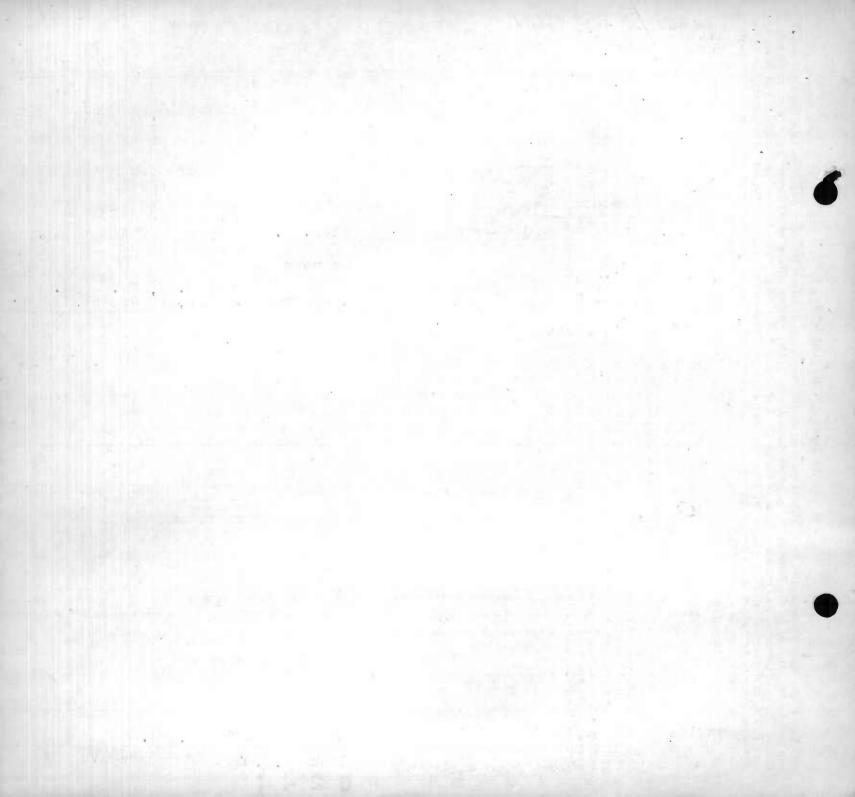
01	75		TY HEALTH DEPARTMENT
1-1		BIRTH NO. 65 9724 CERTIFICA	ATE OF DEATH Registered No. 5 9724
	and ased the the Such	M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
	of deatl Decease e on the	(Type or Print)	SEPT 19, 1965 1140 A M.
	E S S S S	3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
	- u o	of tends of beatti in basilitions, makisalib	A. STATE B. COUNTY
	Se Se na de de	FULL NAME OF (If not in hospital or institution, give street	MANNERO FBALTIMENO
	o de	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	US Te	Sinni Holpin In	27-10
	i at io		D. STREET ADDRESS (If rurol, give locotion)
	9 + P - G 9	HABAT Ma.	4431 CURENCIOOD AVE
	ibu ine ine ine ine	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	ntr m m m m m m m m m m m m m m m m m m m	F N NEVER MARKIE	0 8/21/55 30
-	red	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or condetty sin decondetition	done during most of working life, even if relired)	BALTIME Md U.S.A.
	T 7 - 4	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	rect (4) (we the ispos	-111 21.	P
-	dir.	tallsboro terkins	TEORGIA DAMINI VacIlSON
ā	stant ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
E	ki ki de de ince	₩ ₹ ₩ ₩	Georgia Perkins 443/Wienwood Ave
OR	יים ל אר ביר היים או ביר היים		OF DEATH INTERVAL BETWEEN
MP	ar ar	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
2	I Sound	€ 1 (A)	EREBAN HYBOXIA TO MES
	ono alm	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
~	pr pr la	injury or complication which caused death.)	Arian Arian
CTOR:	franimi	ANTECEDENT CAUSES	JP 14737 11 1001T
Ü	A Par	DISEASES OR CONDITIONS, if ony, giving	
Z H	9 X (C L L B	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	
5	Sy Sy		
_	medica edica burns; hysici n was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
4	bo bu hy hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
M X	A L C C C C C C C C C C C C C C C C C C		20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
Z	300 300 1 he	198. DATE OF OPERATION WAS PERFORMED. 9/5/67 198. CONDITION FOR WHICH OPERATION WAS PERFORMED. 198. PLACE OF INJURY (e.g.	IN CERTIFYING CAUSES OF DEATH?
5	by 2) l		in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
_	tal by; (2) there here	▼ DEATH (notify medical examples) etc.)	office bldg., INJURY OCCUR?
	Pring Na	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	githe SINAT POPITHE PART, MIS
	ppt ppt need	S OF INJURY	21F. HOW DID INJURY OCHUR?
	d d d	(APPROX.) 9/15/6T 1100/Work At Work	
	he xx	22. I certify that (1) (this hospital) attended the deceased from	9/14 1951 10 9/19 1965
	40 to 1	that (1) (we) lost sow the deceased alive on 9/19	1967 and that in (my) (our) opinion death occurred on the date
	0 0 0 7 7	ond hour and from the causes stoted obove. (1) (We) (did) did not)	
	ased dent ospiri dear	23A. SIGNATURE	23 B. DATE SIGNED
	must eleas ccide i hos to de	The MA AM A M.O. A	Itending Med. Stoff FO
	E o o o o	23C. PHYSICIAN'S	hys. Director Phys. 7/4/00
	at and	NAME (Type)	230. ADDRESS
	y was y was (1) An (2, A. at d pric	MINIM KONT III DAVI	JINAI / PIDITA IN
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, or county) (Stote)
		Ruich 9-28-65 my Ache	en Com Bettering md
	the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FYNERAL DIRECTOR ADDRESS
	This the I show was dece	SEP 22 1965 Pole & E Failer A.M	Server & Kelon 138/8 N. C. Plan Id
		VS 150-REV. 1/1/65	0 0 0 0

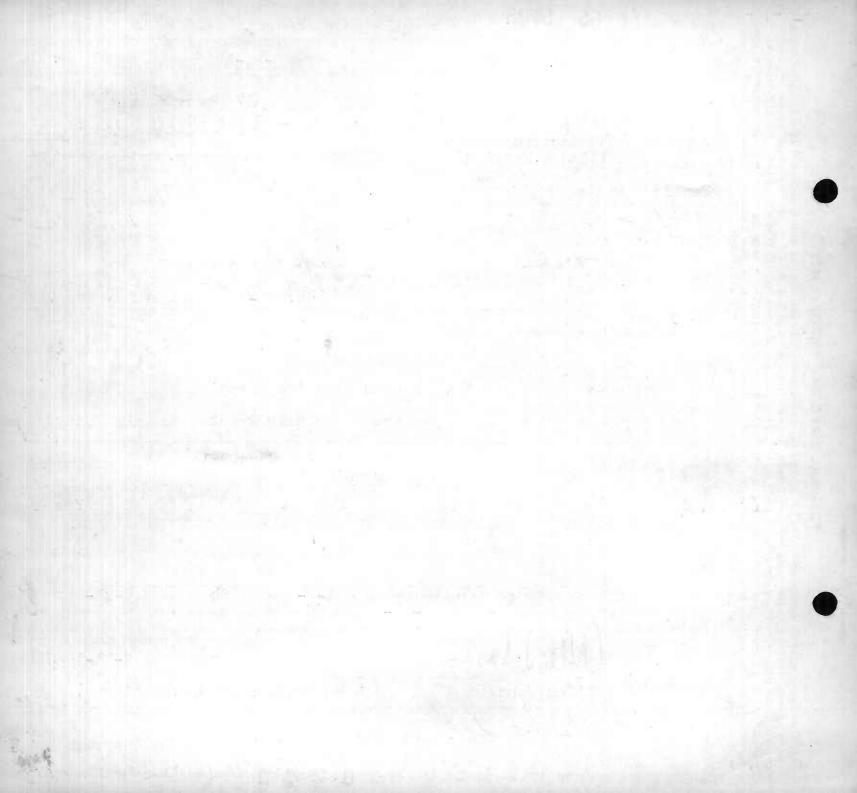


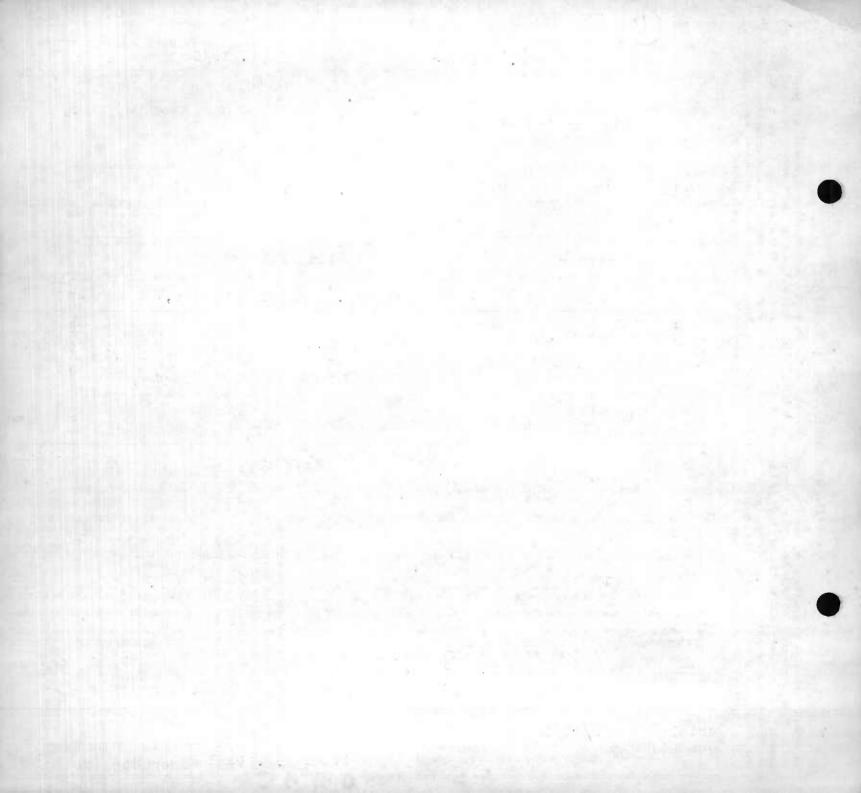


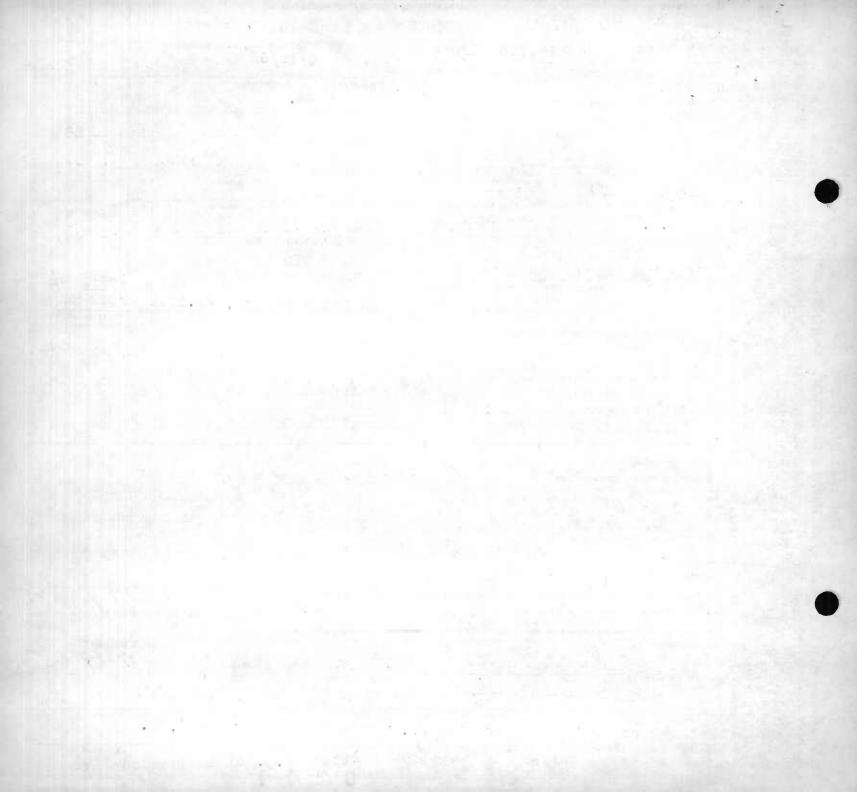
CE OFFICE	BALTIMORE CITY HEALT	H DEPARTMENT		65 9726
ыкти но. 65 9726	CERTIFICATE C	OF DEATH R	egistered No.	
M.E. CASE NO. I. NAME OF DECEASED ((Type br (Print)) AULIS Garhe		2, DATE AND HO	OUR OF DEATH	5 7:10 PM
3. PLAGE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give oddress or location)	street A. STA	Yla:	17	-02
Ad General Has	Potal 1	Jature	give location)	ond give township)
Daltho e, Mg	20		mosa 10	errace 18
Femil White Sing	VORCED (specify)	4) Stort	Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
dane during might at working life, even if retired) Organist	(t	Dalfma		CITIZEN OF VHAT COUNTRY?
13. FATHERS NAME		THERS MAIDEN NAME I	et Poeth	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, nd or unknawn) (If yes, give wor or dates af service)	SOCIAL SECURITY NO.	DRMANT	425 Fawcet	ADDRESS t Street
Mone None	None Mr.	William Garthe	Baltimore,	Md. 11
18. 420,01	CAUSE OF DEAT	Н	,	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Casal	2-1 /200	laner o	
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)	DUE TO	Femi plegi	2,	
ANTECEDENT CAUSES	(B) (1517	DE HYPO	ntension	vann na 60 ng na 66 ng an 10 na 10 ng
DISEASES OR CONDITIONS, if ony, giving	DUE TO			
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION 20A	AUTOPSY? (Yes or No) 20B	. IF YES, WERE FINDIN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CE OF INJURY (e.g., in or obourn, foctory, street, office bldg	121 C. WHERE DID INJURY OCCUR?	(If in Boltimore City,	give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. IN. OF INJURY (APPROX.) While A	URY OCCURRED Not While At Work	21F. HOW DID INJURY	OCCUR?	
22. I certify that (I) (this hospital) attended the	eceosed from /	113 196	5 to	9/20 19 65
that (I) (we) lost sow the deceased alive on	A 1			eoth occurred on the dote
ond hour and from the couses stated above. (1) (Y	γ.			1
23A. SIGNATURE	2		23 B. C	DATE SIGNED
J. Heplan Margo	M.D. Attending Phys.	Med. Stoff Director Phys.		1/20165
23C. PHYSICIANS NAMS (Type) Tephen Mars;	15 M.D. 2300	d. Gene	al Ho	30
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CREMATOR	Y 24D. LOCAT	ION (City, tow	n, orvcounty) (State)
Burial 9/23/1965 Loud	lon Park Cemeter	y Balti	more, Maryla	nd
SFP 2.2. 1965 12.6. NAME OF B	EGISTAAR 25C	FUNERAL DIRECTOR	,0 0	allo, and . 1



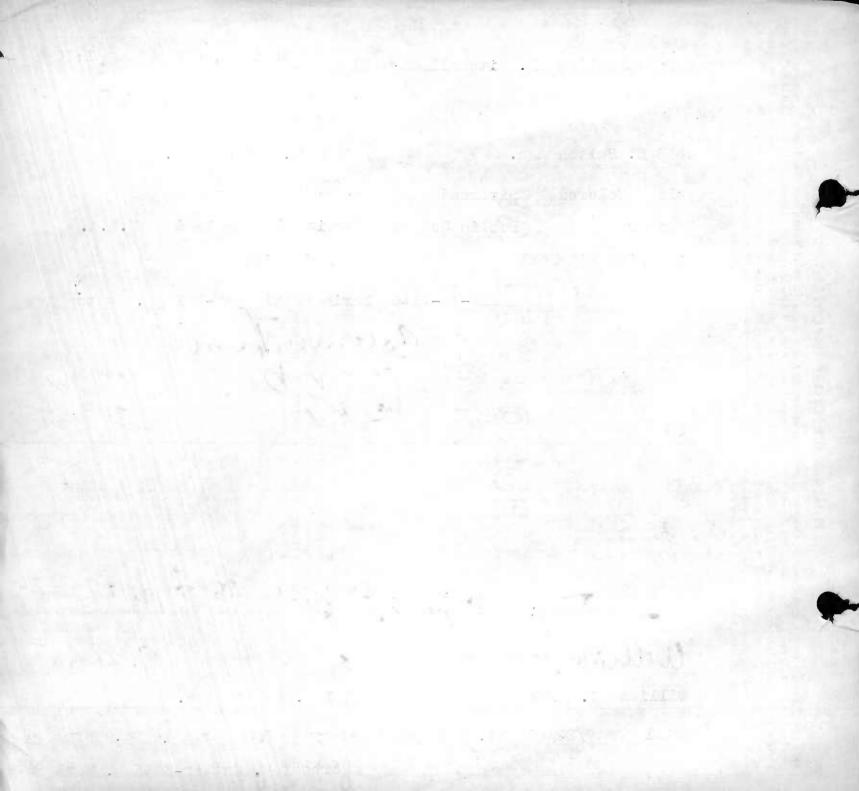








(0 2 U	101	BALTIMORE CITY HEALTH DEPARTMENT CEDITEICATE OF DEATH Regist	tered No. 65 9731
650	20	CLKIII CAIL OI DLAIII	tered No. 00 3/31
eat	Suci	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF THE PROPERTY OF THE PR	
-70	_	Evangeline P. Mitchell Caswell Sept 19,1 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	
hospita use of (5) Dec	_	3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY	lived. If institution; residence before odmission)
hosi se (5)		FULL NAME OF (If not in hospital or institution, give street Maryland	15-04
a ho cause se; (5	to o	HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city line)	mits, write RURAL and give township)
2 2 3	0	Baltimore D. STREET ADDRESS (If rurol, give I	
- B B	prior e.	2018 N. Fulton Ave. 2018 N. Fulton	
9 0		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In	
occurre	in regula eceased on is mad	Female Colored Divorced 8/25/1904 61 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	y) Months Doys Hours Min.
- L O O	- 0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
ad r	- e -	Teacher Public School Curtis Bay Maryl	
9 - 5	e le	13. FATHER'S NAME	,
- ∓ 5€	was in the dec	Nathaniel Mitchell Annie Gill	
di di	는 등 교	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
TA Tiste he he he	dea nce final	(Yes, no or unknown) (III yes, give wor or dotes of service) SECURITY NO. 214-40-5140 Marie Pettigrew -	2010 N Thelton A
ORTAN: assistant if the di		CAUSE OF DEATH	-2018 N. Fulton Ave
8 , 5	nde l or	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
IMI or hi Also	atte	LEADING TO DEATH	VIJC)
0 4 5	r att	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. If meons the disease,	8
A Per	200	injury or complication which coused death.)	10 cms.
Train T	000	ANTECEDENT CAUSES (8) DUE TO	
ECTC exam exami	wh are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	2 monto
A - • 0		UNDERLYING CONDITION lost.	
= 0 E.	hysician in was ii remains		
AL D medic edica burns,	n w em	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Y T T Y	ph)	DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF Y	VEST SIMPLINES CONFEDERS
FUNERAL le chief med by a medii 2) Body burn	he rsic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF Y IN CERT	YES, WERE FINDINGS CONSIDERED IFYING CAUSES OF DEATH?
FU by by	ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID	in Boltimore City, give exact location)
	here to ph befor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
by the	3 0	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCU	JR?
ed att	d (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCU	5
V = V	nd ota	Work Al Work	50.4 19 .65
교부 등	exc an obt	22. I certify that (I) (the haspital) attended the deceased fram.	0 19 19
9 0 0 0	ال جاد 19		(our) apinian death occurred an the date
st be	deat deat must	and hour and from the couses stated above. 1) (We)'(did) (did not) view the body after death.	23B DATE SIGNED
must t elease	3 T E	M.D. Allending Med. Stoff	93/6
E O	4 0 =	23C. PHYSICIAN'S 23D. ADDRESS	1.21.02
912	A. at prior	NAME (Type)	
certificate body was s: (1) An a	A D D		
EAS	D.O. ased len a	REMOVAL (Specify)	(City, town, or county) (Stole)
	. 0 :	Burial 9/22/65 Mt. Calvary Cemetery Anne Ar	rundle Co. Maryland
· · · · · · ·	200	25A. DATE REC'D BY HEALTH DEPT. 158. NAME OF REGISTRAN 25C. FUNERAL DIRECTOR	ADDRESS
F ∓ Ø	₹ ō ₹	nerbert Fig. Nuti	ter-3035 W. North Ave.
		VS 150-REV. 1/1/65	



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 9/18/65 9.09 pm CHARLES 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
R. COLINTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland

C. CITY OR TOWN (If outside cosporate limits, write RURAL and give township) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rurol, give location) South Baltimore General 1526 Chesapeak Ave. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX 6. RACE 9. AGE (In years lost birthdoy) If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min. Married IDA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) colored 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Machine Helper Brick Company Jessup A.A.Co.Md. 4. MOTHER'S MAIDEN NAME Herbert Simms Allen Dora 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL 7. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) 8/22/52-7/21/56 Yes 09-1113 Dora Brown-Box -#32-B Jessup Md. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CRANIOCEREBRAL INJURY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-MEDICAL 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? street Chesapeake Ave. west of Sun St. (Dov)

21D TIME OF INJURY (APPROX.)

21E. INJURY OCCURRED (Hout)

Accident X

Inspection

21 F. HOW DID INJURY OCCUR? NOT WHILE pedestrian struck by car

and that an this basis, death in my apinian

DATE SIGNED

ACTUAL SIGNATURE_//V EXAMINER'S

Inquiry

Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

Baltimore National Cem. Baltimore Maryland

9/19/65

ADDRESS

NAME (Type) Werner U. Spitz, 23A, BURIAL CREMATION. 23B, DATE

23C. NAME of CEMETERY of CREMATORY

Autopsy X

23D, LOCATION

REMOVAL (Specify) Burial 24A. DATE REC'D BY HEALTH DEPT.

I certify that I held an

resulted fram: Natural causes

248, NAME OF REGISTRAR

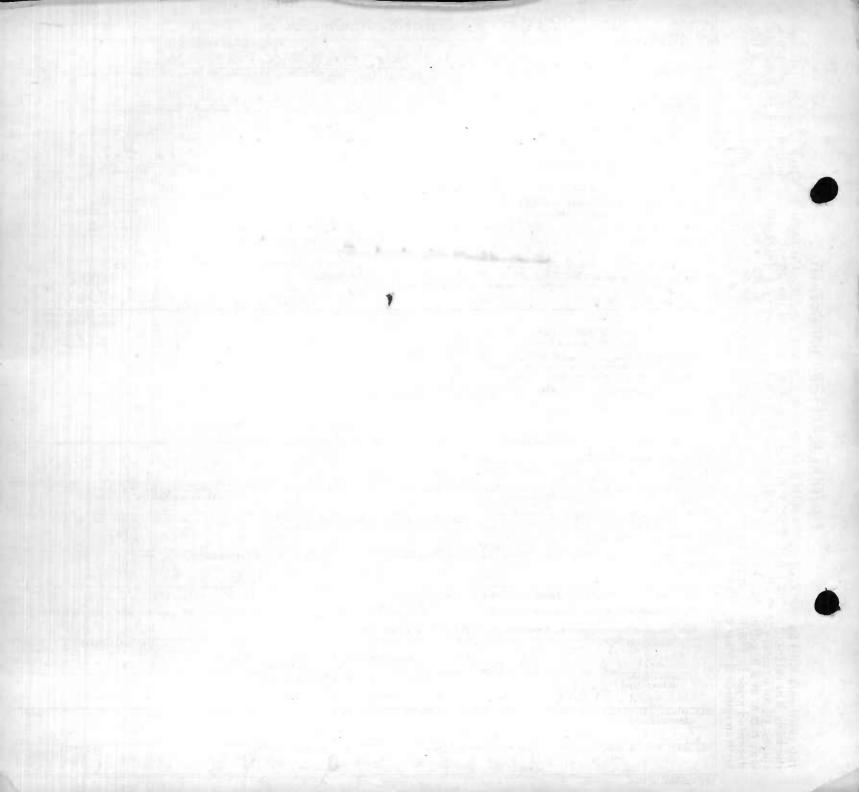
Herbert E. Nutter-3035 W. North Ave

VS 151-REV. 1/1/65

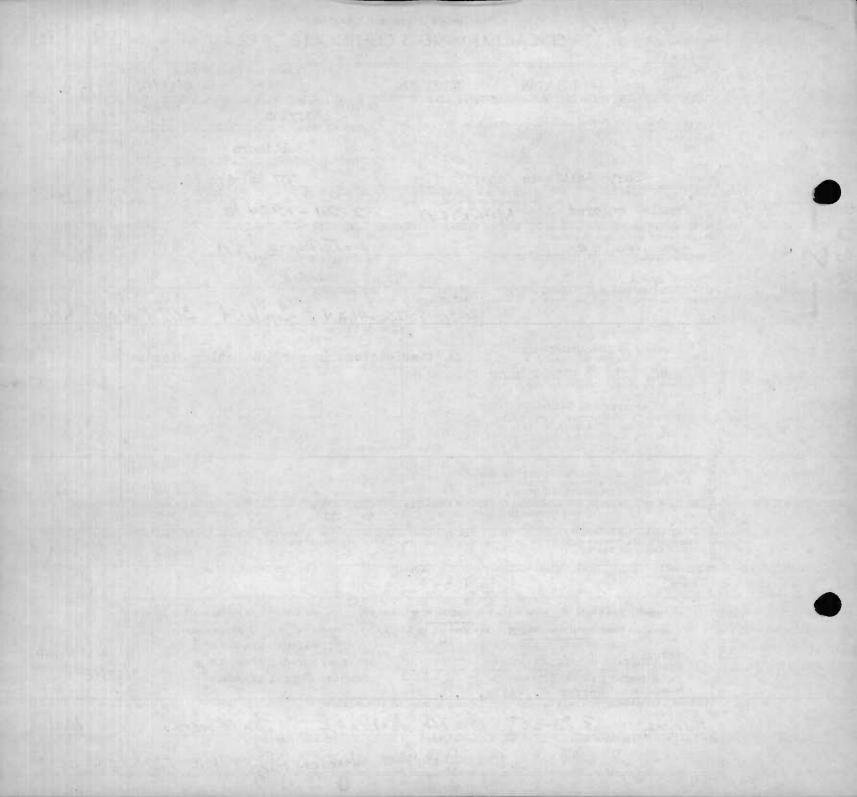
22.

24C. FUNERAL DIRECTOR

THE RESERVE TO BE A PARTY OF THE PARTY OF TH IMORE CITY HEALTH DEPARTMENT



If Under 1 Yr. If Under 24 Hrs. Months | Doys | Hours | Min. no 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Soltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-MEDI UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED (Month) (Dov) (Yeor) (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE 22. Inspection 3 I certify that I held an Inquiry Autopsy and that on this basis, death in my apinion resulted fram: Natural causes x Accident Suicide Homicide Undetermined manner DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 9/19/65 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Spitz 23A. BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BULIAL Mol. 24A, DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS MORTON+ VS 151-REV. 1/1/65



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT in stitution; residence (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) (Stote) 21217

01-31 damen 5

MANNOR CESAPI

BALTIMORE CITY HEALTH DEPARTMENT

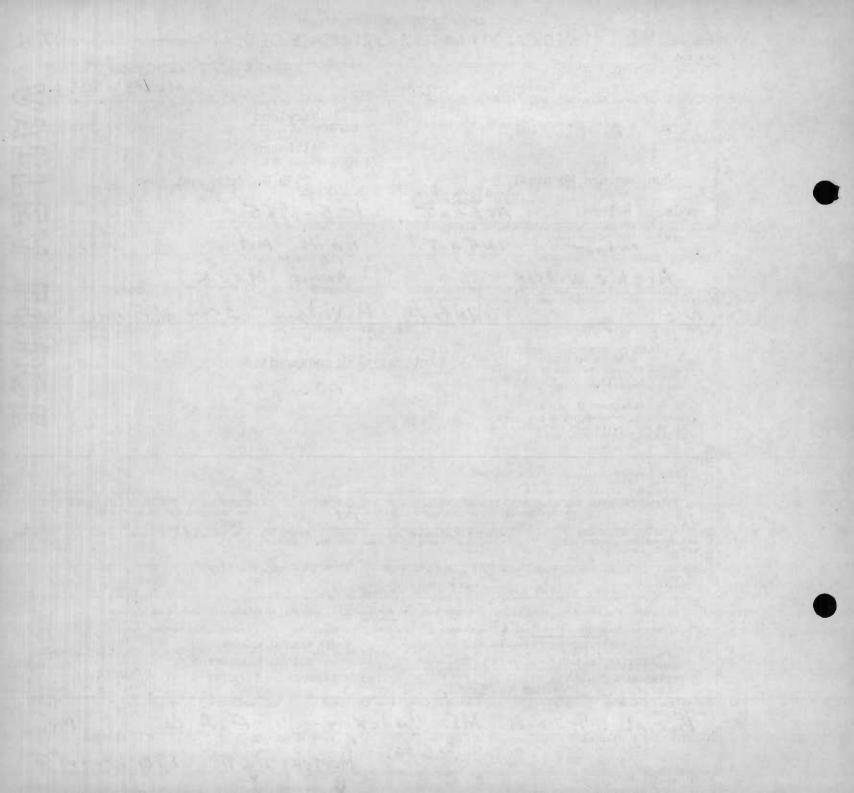
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BIRTH NO. 65

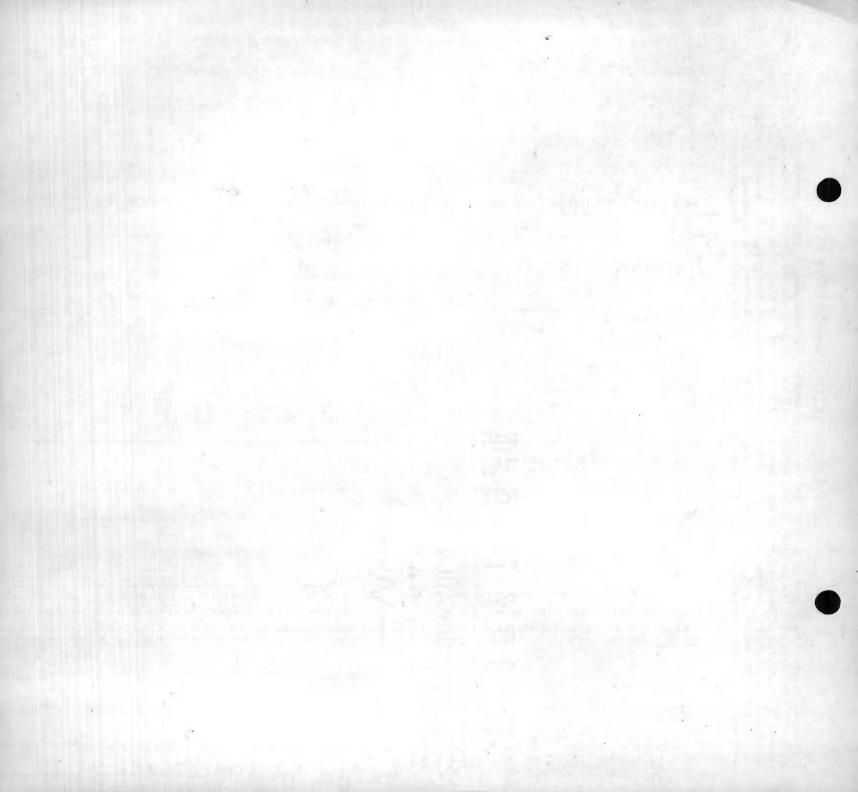
WEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65

9736

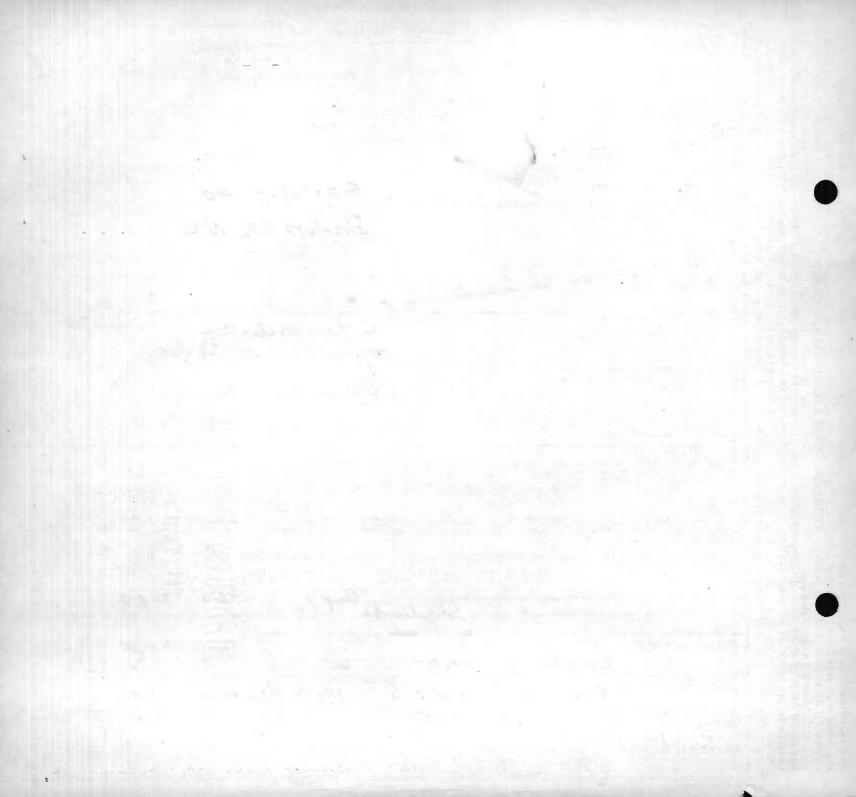
M.E. CASE NO.	L LAAMIINERO CI	KIIIICATE OF BEATTING	0,00
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUN	CED DEAD
STEV	TEN WILSON	9/	18/65 8:45 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. CC	stitution: residence before admission) OUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If autside carparate limits, w	'. CHOAL I '
HOSPITAL OR ADDRESS OR LOCATION			The RURAL and give lawnship)
		Baltimore	20-05
Pan Saaruna Harrita 3		D. STREET ADDRESS (If rural, give lacation)	
Bon Secours Hospital	ARRIED, NEVER MARRIED	2534 W. Fairmount	s If Under 1 Yr, If Under 24 Hrs.
	WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In year last birthday)	
IDA. USUAL OCCUPATION (Give kind of work 10B. 8	IND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most al warking life, even if retired)	INSANT.	BAHO. Md	WHAT COUNTRY?
12. FATHER'S NAME	(10 5 4 21 .	14. MOTHER'S MAIDEN NAME	4.5A
Archie Wilson		ANNIE MACK	
15. WAS DECEASED EVER IN U.S. ARMED FORCE		17. INFORMANT	ADDRESS
(Yes, no arunknawn) (If yes, give war ar dates of s	A A A	D W: 1 2 2 2 2	11/5
118.	INJANI	OF DEATH	W. FAIRMOUNT AVE.
949/		•	ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH		itial pneumonitis	
(This daes not mean the made of dying heart failure, asthenia, etc. It means the d injury or camplication which caused death.)	e.g., DUE TO	rotat phe amonitors	
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, G	IVING (B)		
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	G THE		
Z	(C)	***************************************	
A CALLES SIGNIFICANT CONDITIONS CONT	DIBUTING		
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20A, AUTOPSY? (Yes at Na) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME		yes IN CERTIFYING CA	
21 A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If in Baltimare City,	give exact lacation)
UNDERLYING OR CONTRIB-	etc.)	ince bidg, INJURY OCCUR?	
21D TIME (Month) (Day) (Year) (H	aut) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NOT	WHILE	
22.	m. WORK AT W		
I certify that I held an Inquiry		apsy X and that an this basis, death in	
resulted from: Natural causes	X Accident Suicide		ner 🔲
ACTUAL 1102 00	1 5 1/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE TO THE	M.D.	ASSISTANT MEDICAL EXAMINER	0/20//5
	U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	9/19/65
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY o	CREMATORY 23D. LOCATION (CI	ty, tawn, ar county) (State)
BURIAL 9-22-6	5 MT. CAL	VARY A.A.C.	Md.
24A. DATE REC'D BY HEALTH DEPT. 24B.	NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
SEP 22 1965 (1.0)	rest E, tarbuma	MORTON + DUOTT 1	701 LAurens ST.
VS 151-REV. 1/1/65	0 / 6 ()	0001	



			BALTIMORE CITY	HEALIH DEPAKIMENT		65 9737
BIRTH NO.	65 973	7	CERTIFICA	TE OF DEATH	Registered Na.	00 0101
NAME OF					ND HOUR OF DEATH	
Type or Print)	MABEL TAU	ILOR		9/	21/60	9:40 A.
PLACE OF	DEATH IN BALTIMORE, MA		w/	14. USUAL RESIDENCE OVA	ere deceosed lived. If in	n stitution: residence before admission
				A. STATE B. COU	NTY	11 14
FULL NAM			give street	marylano		16-07
HOSPITAL		9		C. CITY OR TOWN (If of	utside city limits, write	RURAL and give fownship)
17.7	wan They	7.1.4	of morala	Balling	ic.	
Just	uan prego	The T	or grand	D. STREET ADDRESS	turol, give location)	
				1994 mach	in st.	
S EX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 His.
7	dugro	Wied		3/26 /1896	69	
	CCUPATION (Give kind of wor	k 108. KIND OI	BUSINESS OR INDUSTRY	11, BIRTHPLA CE (Stote or for	eign country)	12. CITIZEN OF
11	t of working lite, even if retired)			En atill	01	WHAT COUNTRY?
3. FATHER'S	se wife			TAIRSIEIA,	3,0,	913.71
O PATHERS	AMIL	•		4. MOTHER'S MAIDEN NA	AME	
KAN	SOM DIMO	N		UNK.		
	sed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unkn	own, ill yes, give wor or do	es of service)	SECURITY NO.	No Willia M	Kannel	1044 WM .L.
110 0			CAUSE O	MYS, WITHE MY.	NEWNERY !	INTERVAL BETWEEN
18. 6. 4	0.01		CAUSE O	r DEATH		ONSET AND DEATH
DIS	EASE OR CONDITION DE		Ch	somes Pack	merkenten	
(This doe	s not mean the made a		(A) DUE TO		100000000000000000000000000000000000000	######################################
heart fails	re, asthenia, elc. Il mean:	s the disease,	01	. 11.	•	
injury ar	camplication which cause		Chi.	is we Wien	ned	
	ANTECEDENT CAUSE	S	DUE TO		*************************	
	OR CONDITIONS, if		1/2	ne Texasian	>	
	the abave cause (A) ING CONDITION last.	slaling lhe	1C)	The state of the s	******	
Z OTHER SI	GNIFICANT CONDITIONS	CONTRIBILITIN	G			
E TO THE	DEATH BUT NOT REL	ATED TO TH				
	OF OPERATION 198. COL		WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE	WAS PEI	RFORMED	WINGIN O'LKKINGIN	1/2	IN CERTIFYING CA	
21A. ACC	DENT WAS UNDERLYING	721R	PLACE OF INITIDY	n or obout 21 C. WHERE DID	(If in Baltimer	e City, give exact location)
_ OR CONT	RIBUTING CAUSE OF	hom	ne, loim, foctory, stieet, o	fice bldg., INJURY OCCUR?	of in ponimor	S Sing, gave exoci locolloni
U	ofity medical examiner	etc.	,	3		
OF INJUR	Month Doyl (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		Wh	ile At Not While			
22 1				9/11/65	16	131 18
	rify that (1) (this hospita			hard-data-facility	19 65 to 9	19 &
that (I) (we) last saw the deceas	ed alive an		19 and t	hat in (my) (our) api	nian death accurred an the dat
				riew the bady after death.		
23A. SIGN	ATURE					23 B. DATE SIGNED
1 In	in C. 6.6	nun	M.D. Atte	ending Med.	Stoft Phys.	9/21/15
23 C. PHYSI	CIAN'S	7		23D. ADDRESS	, iiy s. 🗀	1/01/00
NAM	E (Type)	T		B	no market	1 12 0-1
	LNIA C.	=5p	INA M.D.	futherans His	engelal ?	+ Orskyland
REMOVA	CREMATION, 24B. DATE	24C. N.	AME of CEMETERY OF CRI		LOCATION	ity, town, or county) (State)
BUD	iph 9-25-	65 M	T. CALVAR	4 A	.A. Co	Md.
SA. DATE RE	C'D BY HEALTH DEPT.	25B. NAME		25C. FUNERAL DIRECTO	,	ADDRESS
S	EP 22 1965 (P		. FarberM.A	MORTON +1	1	LAUrens ST.
/S 150-REV. 1	71	DENER C		MOKION 47	ye11 1101	PHUTENS UT
a lau-Krv.	/ 1/ 03	2 35 5	T Bould bed	1 1 1 2 1 1	A .	



		y		BALTIMORE CI	TY HEALTH DEPA	RTMENT		CE	OPT	20
BIRTH N		65 973	38	CERTIFIC	ATE OF D	EATH	Registered Na.	00	973	30
	ASE NO.			177		2. DATE AN	D HOUR OF DEATH			
Туре о	or Print)	VIMIA	HINE	5		9-19	-65		10	A.
. PLA	CE OF DE	ATH IN BALTIMORE, A			4. USUAL REST	DENCE (When	re deceased lived, if it	nstitution: reside	j Q	odmission
F114.4		se (14 t. b	6				35	- 11	17-	03
HOS	NAME O	oddress or loco	of or institution, g	ive street	c. city or to	WN (If out	tside city limits, write	RURAL ond giv	e township	1)
11/21	NOITUTION		Mi of the		Baltin					
7	EO D	almin de			D. STREET ADD	ORESS (If	rurol, give location)			
-	38 DC	olphin St.			758	Dolph	in St.			
SEX		6. RACE	7. WARRIED	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR		9. AGE (In years lost birthdoy)	If Under 1 Months: Do	Yr. If Un	der 24 Hrs Min.
Fe		Negro	MAI	eried	9-25	1924	40			
		UPATION (Give kind of w working life, even if retire		BUSINESS OR INDUST	41.	. 4		12. CITIZEN WHAT	OF COUNTRY?	
10110 001	MI	410	HOTO		Elizabe	The Cot	Y. N.C	U.S.		
3. FAT	HER'S NAM	ME			14. MOTHERS					
1	IONE	ge MATT	Thairs		MANT	ha	?			
		Ever in U. S. Armed		1 6. SOCIAL	17. INFORMANT			AD	DRESS	
Yes, no	ot unknown	(If yes, give wor or d	alean retrice	SECURITY NO.	Agent 1	HINE	750	2 Dolpi	1 : -	-
1B.				CAUSE	OF DEATH	FILME	5 100	-	ERVAL BET	WEEN
16.	top of	SE OR CONDITION	DIRECTIV	CAUSE	arter	105 cle	rotus		SET AND	
	DISEAS	LEADING TO DEAT			Un has to		= (grole	1 11	when	
		not mean the mode		DUE TO	11	and a second and a		×	40000	
		osthenio, etc. It med application which cous			01	1 :	A 252			
	2667	ANTECEDENT CAUS	ES	(B)	Nascu	len	ausen		• • • • • • • • • • • • • • • • • • • •	
DI	SEASES (OR CONDITIONS, i	f any, giving	DOE 10						
		e obave couse (/ G CONDITION last,	A) stating the	(C)		********				
01	A DEKLING									
Z 01	THER SIGN	II IFICANT CONDITIONS	CONTRIBUTING							
ATIC DI	O THE D	EATH BUT NOT R	ELATED TO THE	Extract mil						
		OPERATION 198. C		WHICH OPERATION	20 A. AUTOPS	SY? Yes or No	20B. IF YES, WERE	FINDINGS CO	NSIDERED	
BET 8						NO				
OP	A. A CCIDE	NT WAS UNDERLYING	21 B. hom	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJUR	HERE DID	(If in Boltimor	e City, give ex	coct locotio	n)
A DE	ATH (notify	medical examiner)	etc.)							
210 OF	D. TIME	(Month) (Doy) (Ye		INJURY OCCURRED		INI DID MO	URY OCCUR?			
(A)	PPROX.)		Whi Wor	le At Not W	hile rk					,
22.	. I certify	that (1) (this hospi	tal) attended th	e deceased fram	· Que	<u></u>	19 63 ta S	reax		1965
		last saw the dece		Seplen	ben 19 6		at In (my) (aur) api	inian death o	ccurred	in the da
) (We) (dId) (d Id) (o						
	A. SIGNATU			1	, beay			23B. DATE S	IGNED	
		Korst	on is	Sup M.D.		Med.	Stoff Phys	Ser	121	6
23 0	C. PHYSICIA	AN'S			hys. 23D. ADDRESS	- IIECIOI	Phys.		121	
	NAME (T	Typel ROUST	ON R	SOTT M.	101	14 Bg.	exume	SA		
24A. PI	LIPIAL COE	MATION, 248. DATE	24C. NA		REMATORY	240	OCATION (C	ity, town, or co	nunty)	(Stote)
RI	EMOVAL (Specify)	1/ 1/	- 1		240.	1.1	A	/	(31016)
5	LIF	HHL19-22	65 19	Y	RN		A Ito.	Ma	ADDRESS	
25A. D	SF	EP 22 1965	25B. NAME O	F REGISTRAR		AL DIRECTOR			ADDRESS	
16.350	A 1-		Mobile C	- Varioential	Morto	n & Dy	ett 1701	Laure	ns S	St.
3 150	-REV. 1/1/	00								



BALTIMORE CITY HEALTH DEPARTMENT

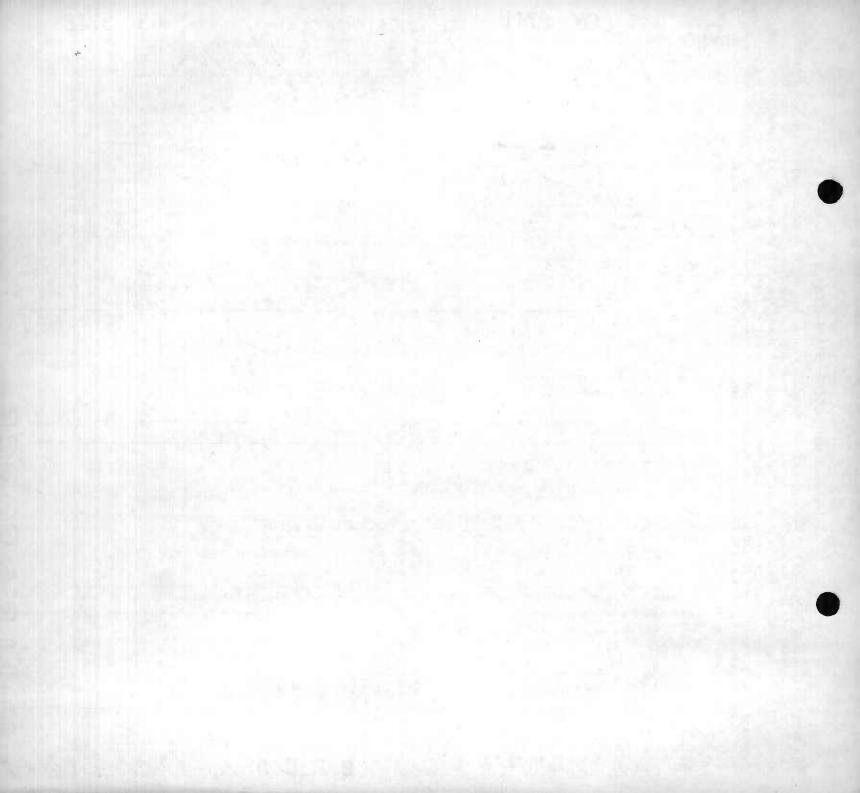
BIRTH NO. 65 97 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 9739

M.	E CASE NO.								
1. (Ťy	NAME OF DE	CEASED				2. DATE AND HOUR PRONOUNCE			
		ELLI		WHITE			19/65 5:35 a.M.		
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A, STATE 8, COUNTY				
HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA		ITION, GIVE STREET	C. CITY OR TOW	and VN (If autside corporate limits, write	RURAL and give tawnship)		
1						cimore RESS (Il rural, give location)			
L		St. Joseph	Hospit	al	1707	N. Durham St.			
5. :	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.		
104	male	colored	5,	NGE BUSINESS OR INDUSTRI	12-10-		12. CITIZEN OF		
		working lile, even if retired)	KIOW KIND OF	BOSINESS OK INDOSTRI	S. cc. 1	V Va	WHAT COUNTRY?		
13.	FATHER'S NAM	AE			14. MOTHER'S MA	AIDEN NAME	U. SA.		
	Λ	. 11	LITA		1	Scott			
15.	WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	DC011	ADDRESS		
		(If yes, give wor ar dote		SECURITY NO.					
	No			229-54-1415	Lois Whi	ile 1/07 N.	DurhAM ST.		
	18.	991X		CAUSE	OF DEATH		INTERVAL SETWEEN ONSET AND DEATH		
	DISEA	SE OR CONDITION DE	RECTLY				ONSET AND DEATH		
		LEADING TO DEATH		(A) Ret	roperitone	eal hemorrhage			
	heart failure	nat mean the made of , asthenia, etc. It means mplication which caused	the disease,	DUE TO					
		ANTECENDENT CAUS	ES	Gun	shot wound	d of abdomen			
	DISEASES	OR CONDITIONS, IF	NY, GIVING	(B) GUII	Siloo would	A OT ADAOMOTI			
		IE A80 VE CAUSE (A) S NG CONDITION LAST.	TATING THE						
Z				(Cl	00.0000000.00000000.0.				
E		II-			1-1-1-1				
ERTIFICATION	TO THE	DEATH BUT NOT RE	LATED TO T						
RTI		F CONDITION CAUSING		WHICH OPERATION	20A AUTOPSY	? (Yes or No) 20B. IF YES, WERE FIN	NDINGS CONSIDERED		
CE	7	WAS PER	FORMED		yes	IN CERTIFYING CAUS	SES OF DEATH?		
₹ O	21 A. EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar about 21 C. W	VHERE DID (If in Boltimare City, give OCCUR?	ve exact lacation!		
MEDIO	UTING CAL	ISE OF DEATH.	etc.)	street	Har	ford Rd. and Normal	L Ave.		
2	OF INJURY	(Month) (Dayl (Year) 9 19 65		IE INJURY OCCURRED		hot during altercat	tion		
	(APPROX.)	7 17 07		VHILE AT NOT	ORK SI	not duling altercat	DIOII		
		tify that I held an	Inquiry	Inspection Au	tapsy X and	d that an this basis, death in m	ny opinian		
	resu	Ited fram: Natural ca	uses A	ccident Sulcid	e Hamici	de X Undetermined manne	er		
-		. 11/1	/	1	CHIEF ME	EDICAL EXAMINER	DATE SIGNED		
	SIGNAT		N. 3	M.D	ASSISTANT MI	EDICAL EXAMINER X			
	EXAMIN NAME (NER'S	u Spi	tz, M.D.		EDICAL EXAMINER	9/19/65		
	A. BURIAL CRE	MATION, 23B. DATE			CREMATORY	23D. LOCATION (City,	lawn, ar caunty) (State)		
RE	MOVAL (Specil	(y) 0 2 2	1-1-5 1	1.1	C 10	" Ilalland	Va		
2	BYKIA			AURA MILL	Cemeter	y Helland	V H .		
24	A, DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS		
	ŞEI	2 2 1965 R	beet E	, Farley MA	MORTO	on + Djell F.H.	1701 LAUrens S		
VS	151-REV. 1/1	/65	1 1 13 6	E CO	0 0	ER A			

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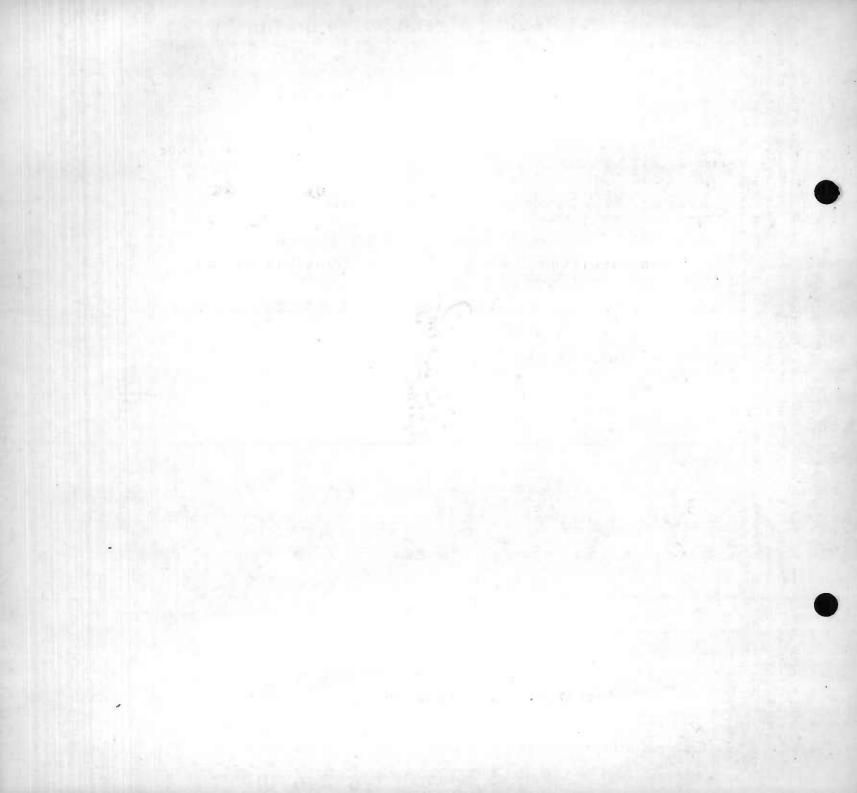
	BALTIMORE CITY	HEALTH DEPARTMENT		65 9740
MRTH NO. 65 9740	CERTIFICA	TE OF DEATH	Registered No.	65 3740
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Greter Lad	R.	9/20	16 1:3	C.I D W
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where	deceased fived. If inst	itutian: residence betpre admission)
	40.0	A. STATE B. COUNT	Υ	1 - 011
FULL NAME OF (If not in haspital or instruction)	itutian, give street	Mb.	1 13505	15-04
HOSPITAL OR address or location)	n	C. CITY OR TOWN (If outs	ide city limits, write RL	JRAL and give township)
Lutheran Hosp of	Marshand			
o La fictant 1000	Contract of the state of the st	D. STREET ADDRESS (If re	ural, give lacation)	
, ,	F. 加加 在2000	1824 Wall	rook AV	0 11.
. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	7000		If Under 1 Yr. If Under 24 Hrs.
	DOWED, DIVORCED (specify)		ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
Male Negro	Married	Upril 1. 1926	39	
DA. USUAL OCCUPATION Give kind of work 108. K	IND OF BUSINESS OR INDUSTRY	11/BIRTHPLACE (State or foreig	n country)*	12. CITIZEN OF
ane during mast af warking life, even if retired)		1/ tral 1/00.	cn p	WHAT COUNTRY?
Coca cola Latere	3 -	mr. Holly	11.01	U.S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE /	1
Vaalo Que to see de		Malian m	101/KD	· b · . 7
July Selle	はなるできた。 10mm 10mm 10mm 10mm 10mm 10mm 10mm 10m	Laddelle TI	lar Ilar	Kill
(Wos Deceased Ever M. U. S. Armed Farces?	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	. /	ADDRESS
PILL ON THE		mouse 4.to	- 1874V	Unillando line
NOWA MALE Z		Miller Jule	Cloard	rawancer
18. 33/XI	CAUSE	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	<i>t</i>	1 1	11 2	. 1
LEADING TO DEATH	(A) S(abarach noid	Herud	5 mc
(This does not mean the made of dying				
heart failure, asthenia, etc. It means the d injury at camplication which caused death		1.		,
	" = K	lid bottom t	10mo	
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) slotin	g the (C)			
UNDERLYING CONDITION last.				//
II sales in the sa				V
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING			1
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D ,	Y No	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	a at about 21C WHERE DID	Of in Rollinson	City, give exact lacation)
OP CONTRIBUTING CALLS OF	hame, form, factory, street, a	office bldg., INJURY OCCUR?	tir in bainmare	City, give exact lacation)
DEATH (natify medical examiner)	etc.)			
21D. TIME (Manth) (Day) (Year) (Hau	17 21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY	While At Not Whi			
(APPROX.)	Wark At Wark			
22. I certify that (I) (this hospital) ofte	aded the deseased from	9/2/1	05 10	1/ 3/2 10/1
thoti(I) (we) lost sow the deceased oliv	ve on 2/20	19 Q ond tho	t in (my) (our) opini	on deoth occurred on the dote
and hour and from the causes stated ab	ove. (I (We) (did) (did not)	view the body after death.		
23A. SIGNATURE				23 B. DATE SIGNED
2 - +	M.D. All	ending Med.	/	21
C S DM	Phy	s. Director	Phys. V	7/20/65
23C. PHYSICIAN'S		23 D. ADDRESS		
NAME (Type)	M.D.			
Chelyla Soo Sh	176		400	73
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, tawn, or county) (State)
But a stailer	Bank Stark	10 mit	501 to 1	16-
121Mil 24/1 /6/63	Dall Hall	empley 5.) Il Mare	ek lex
SA/DATE REC'D BY HEALTH BEPT! 25B, N	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1.1	ADDRESS
SEP 22 1955 (17.0.)	& E. Farley MA	Dolake h. f. S.	ekeen 112	911. (Molenie St
S 150-REV. 1/1/65		18	110	I THE THE T

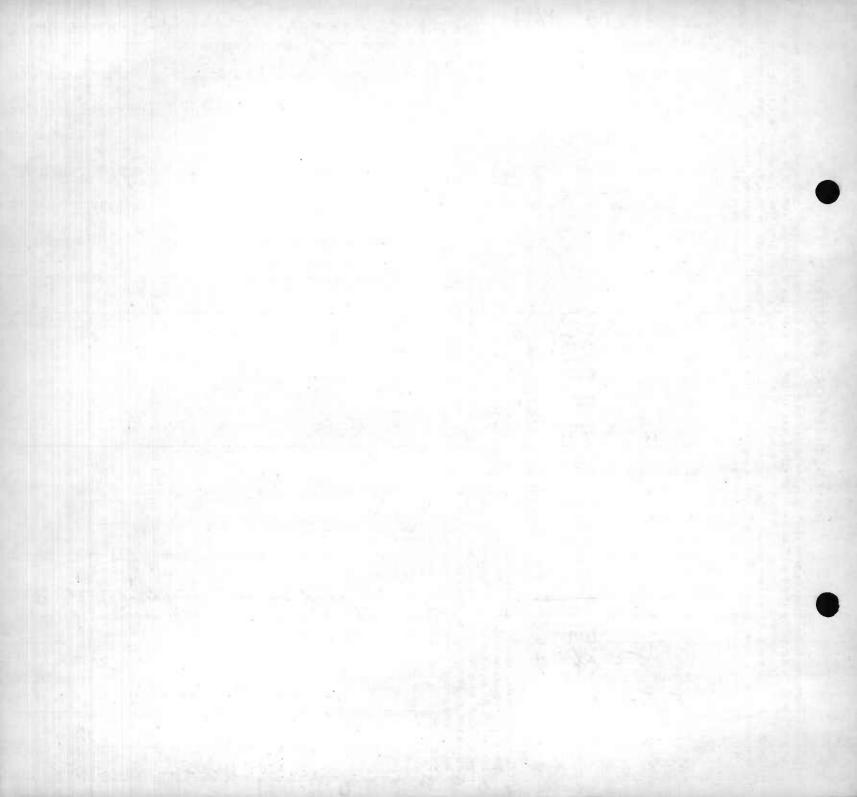
april 1926 Leter Lite var - William Tark Marie Bure Buch Hall Heat Genety **BALTIMORE CITY HEALTH DEPARTMENT**



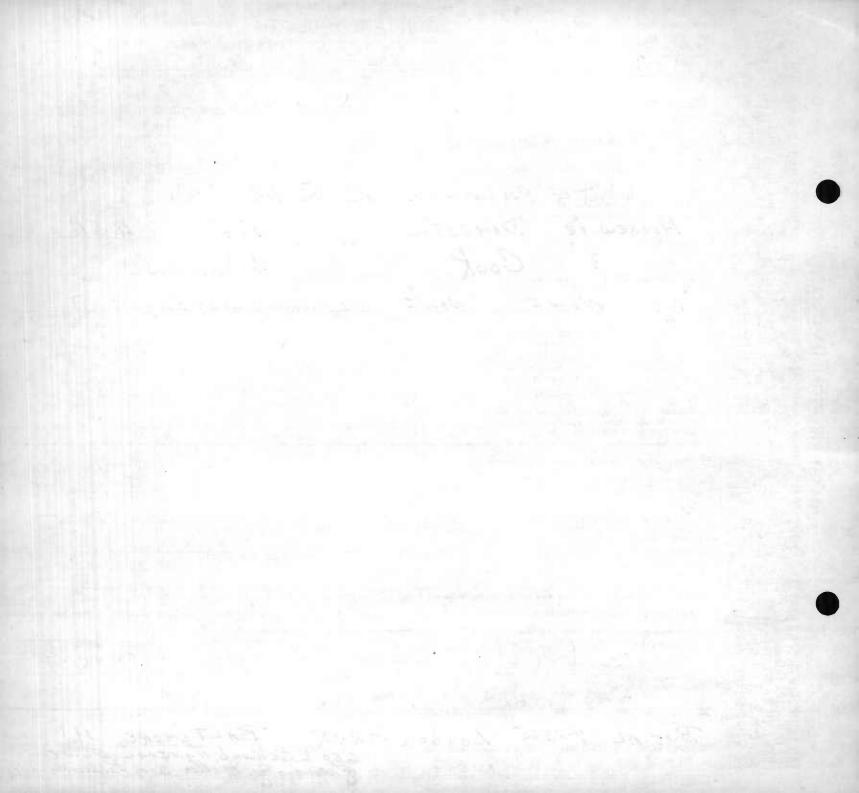
-	E CASE NO.		
1. I	NAME OF DECEASED pe or Print)		2. DATE AND HOUR PRONOUNCED DEAD
	JULIA GARRISON (SIMRIL)		September 19, 1965 8:40 Pm.
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESID	DENCE (Where deceased lived. If institution: residence before admission) 8. COUNTY
FILE	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		
НО	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TO	wn (If outside corporate limits, write RURAL and give township)
1	A.F.	Dol	1+imana 17-04
16/	UNION MEMORIAL HOSPITAL	D. STREET ADD	DRESS (If rurol, give locotion)
1		4.03	3 East 23rd Street
5. S	EX 6. RACE 17. MARRIED, NEVER MARRIED	B. DATE OF BIRT	TH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
]	Female Negro (WIDOWED, DIVORCED(specify)		lost birthdoyl Months Doys Hours Min.
	MIDOUED	5-3-1	
	. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY aduring most of working life, even if retired)	BIRTHPLACE	(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	COOK RESTAURANT		
13.1	TATHER'S NAME	14. MOTHER'S N	MAIDEN NAME
	WILLIAM VENEY	MAR	GARET VENEY
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
Tes	, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	11000	2108 S loth st
	NO -	MAKGA	TRET BIRD CAMOEN, N.J.
	TB. 4 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		
	LEADING TO DEATH (A) Arteri	osclerot	ic cardiovascular disease
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		
	injury or complication which coused death.)		
	ANTECENDENT CAUSES		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		•••••••••••••••••••••••••••••••••••••••
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,		
Z	(C)		••••••••••••••••••••••••••••••••
CERTIFICATION			
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
표	DISEASE OR CONDITION CAUSING IT.	***********	
ER	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPS	Y? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
0	O WAS TERFORNIED	No	O IN CERTIFYING CAUSES OF DEATH?
1	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 21B, PLACE OF INJURY (e.g., home, form, foctory, street, or	in or obout 21C.	WHERE DID (If in Boltimore City, give exect location)
EDICA	UTING CAUSE OF DEATH.	INICE BIBB., INJUR	occok!
Σ	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F H	OW DID INJURY OCCUR?
	OF INJURY	WHILE	NOW DID INJURY OCCUR:
	m. WORK L AT W	ORK	
	22. I certify that I held an Inquiry Inspection Aut	apsy an	nd that on this basis, death in my apinian
	resulted fram: Natural causes X Accident Sulcide		Ide Undetermined manner
	ACTUAL ON .		MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D.	ASSISTANT M	AEDICAL EXAMINER
	EXAMINER'S	ASSOCIATE A	MEDICAL EXAMINER 9-20-65
	NAME (Type) Russell S. Fisher, M.D.	2 11 1 2 2 1	
	BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of AOVAL (Specily)	CREMATORY	23D. LOCATION (City, town, or county) (State)
	BURIAL 9-25-65 Mt-GALVA	n R./	Glass Burant An C. Man
24/	DATE REC'D BY HEALTH DEPT. 1248. NAME OF REGISTRAR	4C. FUNE	RAL DIRECTOR ADDRESS
	CED 00 1000 00 033	11	Glen BURNIE-A.A. C. MD. RAL DIRECTOR Shall W. Jones, JR. HARFORD AN
	SEP 22 1965 Robert E. Farkens	Mar.	shall W. Jones, JR. HARFORN AU
1.40	163 864 376 46		

N		BALTIMORE CITY HEALTH DEPARTMENT	65 9742
1	75005	CERTIFICATE OF DEATH	55 9743
1	and ase ase th th	I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
4	de de s	(Type or Print) Ethel Keason 9/20/65	14:15 PM.
400	De of	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If inst A, STATE B. COUNTY	itution: residence before odmission)
2 WY	osp no no dec	FULL NAME OF (If not in hospital or institution, give street	6-14
220	h h	HOSPITAL OR oddress or location) INSTITUTION (If outside city limits, write RU	(RAL and give township)
, ,	USC USC	JOHNS HOPKING HOSPITAL BALTIMORE D. STREET ADDRESS (If rurol, give location) 732 N. FILL TON AVENUE	
44	rio a d	JOHNS APPKING HOSPITAL D. STREET ADDRESS (If rurol, give location) 732 N. FULTON AVENUE	
10	de de	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
1	rrik med	WIDOWED, DIVORCED (specify) lost binhdoy)	Months Doys Hours Min.
93	on on on re- re- re- seas	TEMME Negro WIDOWED 1-3-03 & Z 100, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12, CITIZEN OF
	in det	TOMESTIC PUT FAMORSEAN 6 Va	WHAT COUNTRY?
1	ded non sit	TS FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
0	the the	0	
7 2	dis dis	JOHN GILLISON VIRGINIA BROOKS 15. Wos Deceased Ever in U. S. Armed Forces? 16.30CIAL 2 17. INFORMANT	ADDRESS
A	in e	(Yes, no or unknown) (If yes, give wor or doles of service)	Ban FUNTONT.
7 2	ssi the		
40	s a man and or or	18. 19 9 2 1 CAUSE OF DEATH	ONSET AND DEATH
S.Z	So lo	LEADING TO DEATH CARDIAL ARREST	20 min.
2-	P S S S S S S S S S S S S S S S S S S S	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
2	er. ctu pro lar	injury or camplication which caused death.)	2 4-5days
2	fra fra e	ANTECEDENT CAUSES	
3 0	X A A A B I S I S I S I S I S I S I S I S I S I	DISEASES OR CONDITIONS, if any, giving	125-6 May Has
9 ~		underlying condition last.	
00	lical cal ns; icio		
SA	edi edi ys rys em	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
ER	Y E A T E E	TO THE DEATH BUT NOT RELATED TO THE NONE OF THE NONE OF THE NONE OF THE NONE OF THE NOTICE OF THE NOTICE OF THE NOTICE OF THE NONE OF THE NOTICE OF THE NOTI	NDINGS CONSIDERED
3 Z	Sod Sod	= 9/50/65 WAS PREDENTED WAS PREDENTED OF THE CERTIFYING CAUSE	SES OF DEATH?
33	by by phy ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Collimore	City, give exact location)
00 -	the the control of th	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
	by (No.	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21E, HOW DID INJURY OCCUR?	
	ho h	OF INJURY (APPROX) While At Not While At Work At	
	xce yr	22. I certify that (1) (this hospital) attended the deceased from 9/19 1965 to 9	120 1965.
	app to the fan (e a); c	that (1) (we) last saw the deceased alive an 9/20 19 65 and that in (my) (our) opini	
	0 0 5 -	and haur and from the causes stated above. (1) (We) (did) (did view the bady after death.	
	dent dent deat deat must		238. DATE SIGNED
	3 0 .= 5 0	Restraction M.D. Attending Med. Director Phys.	9/10/65
	9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23C. PHYSICIAN'S NAME (Type)	1100103
	An a An a prior	ROBERT A. RATCHENSON M.D. Johns Hopkins Ne	spetal
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City,	, town, or county) (State)
	certii sody s: (1 D.O. asec	Bund 9/25/65 my arbon Barts mil	
	This certif the body shows: (1) was D.O.A deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	* + + * > b *	SEP 22 1965 DO 18 C. Te. Dimension P Alayer 638	FN Grumon St
		VS 150-REV. 1/1/65	





65 974	BALTIMORE CITY	HEALTH DEPARTMENT		65 9745
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	0140
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	. 3- /
Type or Per 100ARD TIC	DRPNIAD L.	55 91	20/65	2 30/A
3. PLACE OF DEATH IN BALTIMORE, MARYLANE	, and the	4. USUAL RESIDENCE (Where	deceased lived. If ins	itution: residence before admission)
		A. STATE B. COUNT	1	24-13
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location)	ution, give street	C. CITY OR TOWN (If outs	De la cita l'acita carita Ri	JRAL ond give fownship)
INSTITUTION		or of the sold	order city limits, write KC	TRAL ond give township!
Bou Secours Hosp		D. STREET ADDRESS (III	urol, give location)	
are seems resp		2017	7	+
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	THUE U	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
S. SEX 6. RACE 7. MA	OWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
	vidowed	12 20 48	46	
OA, USUAL OCCUPATION (Give kind of work 10 B, K1 one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	an countryl	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE]	Domestic	Visain	· A	11.50
3. FATHERS NAME	* * * * * * * * * * * * * * * * * * * *	14. MOTHERS MAIDEN NAM	AE .	21.0.11.
7	7 /	11	V	
).	2001	Ye	MOWA	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (II yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1000	ADDRESS
NO NONE	NONE	MRS. Hickman	20.37 12	el = st
18. 44.00		F DEATH	LOUT LIFE	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		2. 7 1.	0 11 0	ONSET AND DEATH
LEADING TO DEATH		my myse	cade t	And, at
(This does not mean the mode of dying,		1 I A		
heart foilure, asthenia, etc. II means the di injury ar camplication which coused death.		[] to the		11
ANTECEDENT CAUSES	(B)	by leven si	· '	7
DISEASES OR CONDITIONS, if ony,	DUE TO			0
rise to the above cause (A) stoling		V V		
UNDERLYING CONDITION last.				
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED T				
DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMEN U. 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTION CALLES OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OFATH (notify medical examinar)	etc.l			
21D. TIME (Month) (Doy) (Yearl (Hour	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY	While At Not Whi			
	Work At Work	- Inda	0 ***	-0430
22. I certify that (1) (this haspital) atter	ded the deceased from 9	90.02 (A) 1935	5,08. hour	5 Ed 17 1965
that (I) (we) last saw the deceased aliv	on/ 14.90	19 65 and the	in (my) (aur) apin	ion death accurred on the do
and have and from the causes stated abo	ver (I) (We) (did) (dat me)	_		
23A. SIGNATURE	(313) (313)	The budy offer death.		23B. DATE SIGNED
1000 - 10 m	M.D. AH		Stoff 1	0/22/65
Jacob J Mine			Phy s.	11 -409
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
V tre Mopel	M.D.	Day Space	IRA HORO	
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (Gity	, town, or county) (Stote)
	, , , -	DU -	2117	111
BUTIAL 9-23-65	Loudon	TARK	DA -1 240	RC, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AAAE OF BEGICTRAR	DEC BUILDER AL DIRECTA		ADDRESS
SFP 22 1965 120 12 5	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	NAB HUNE	PAL STORESS EN
SEP 22 1965 Robert &	AME OF REGISTRAR	25C. FUNTERAL DIRECTOR	miller 2	101 Frederick Cor



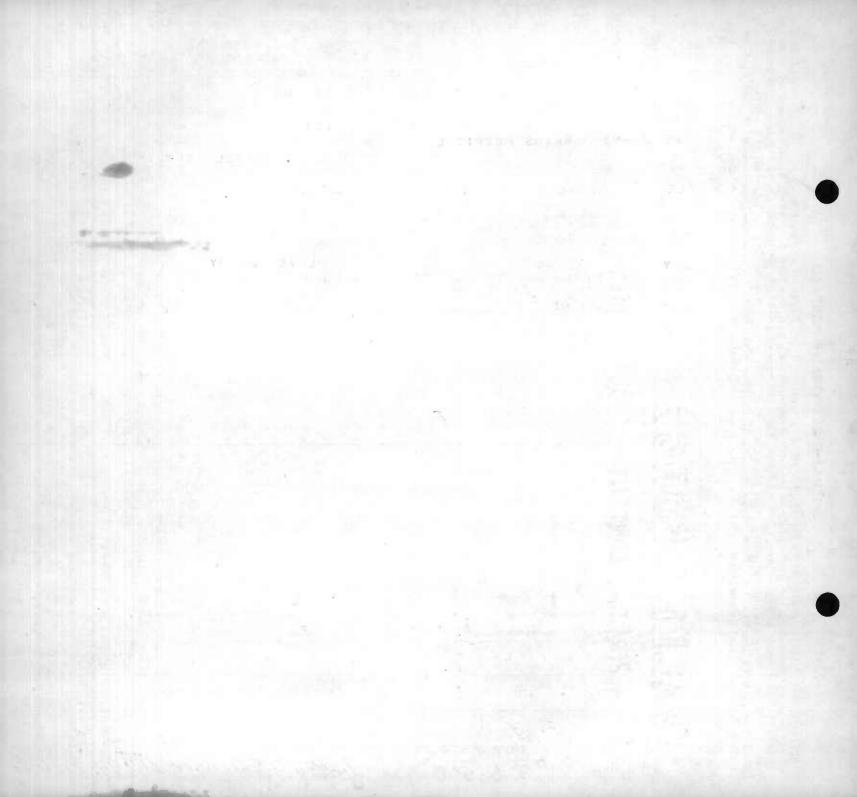
		BALTIMOR	E CIT HEALTH DEPARTMENT		65 OMAC
BIRTH NO. M.E. CASE NO.	65 974	CERTIF	ICATE OF DEATH	Registered Na	00 3746
Type or Print	SED CORGE HO H IN BALMMORE MARYLAN	=FMAN J	12. DATE A 14. USUAL RESIDENCE (Who 14. STATE 15. COU	ND HOUR OF DEATH OT 20 1910 ele deceased lived. If institu	51 430 A
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in haspital or insti oddress ar lacation)	lution, give street	C. CITY OR TOWN (IF OR	ulside city limits, write RUR	AL and give township)
	SECOURS H	ospital		rural, give lacotian) Wilkens	
MALE	ATION (Give kind of work 108, K)	ARRIED, NEVER MARRIED DOWED, DIVORCED (spec MARIED ALL ND OF RUSINESS OR INC	AU9.4-1882	83	Under 1 Yr. If Under 24 Hrs anths Days Haurs Min.
dang during most of wa	rking life, even if retired) wg CLERK U		MLSEMPRYLA		WHAT COUNTRY?
CHAY	re les JA	eobs	17. INFORMANT	Louise S	enbrense
(Yes, no ar unkna wn) (I	yes, give war ar dates of se	2/3-03-		823 W St.	NE. WASh. DC
18. 44 6	XI	CA	USE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
L	OR CONDITION DIRECTLY EADING TO DEATH	(A)	Chanic Pulmon	any Edema	8 mos
heart failure, as	mean the made of dying, shenia, etc. It means the di	sease,	70	0	
	icalian which caused death. ITECEDENT CAUSES	, (B) C	Meripoleroler	CVR Desc	a Wys.
	CONDITIONS, if any,	DUE	TO		
rise to the	above cause (A) stating				# Max 40 00 m % o print (highway a sano sano sano sano sano sano sano sa
	11				
E TO THE DEA	CANT CONDITIONS CONTRI ATH BUT NOT RELATED TO ENDITION CAUSING IT.		Semility		
19A-DATE OF C		FOR WHICH OPERATION	20A. AUTOPSY? (Ness or N	O) 208, IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
21A. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF	21 B. PLACE OF INJUR hame, farm, factory, st	Y (e.g., in or obout 21C. WHERE DID treet, affice bldg., INJURY OCCUR?	(If in Baltimore Ci	ity, give exact lacation)
-	Manth) (Day) (Year) (Hau			JURY OCCUR?	
(APPROX)			at While t Wark		
	at (I) (this haspital) atte			1965 10 18	Dept 1965
that (I) (we) Id	st saw the deceased allv	e an /8	19. O J ond th		n death accurred an the da
and haur and (ive. (I) (MIST (MISI) (did	nat) view the bady after death.		B, DATE SIGNED
	H. H. Pou	Para) Mil	D. Attending Med. Director	Stoff	Do Dont 61
23C. PHYSICIAN		rus	Phys. Director	Phys.	a super ov
NAME (Typ	" H.H. BA	ILUS	M.D. 1600 W16	LKENS F	+VE
24A. BURIAL CREM.	ATION, 248. DATE	MANE & CENTELLES	4. SAMATERY = 24D. 1	LOGATON WARD	awn, ar county) (State)
BUTIA	L Sept 23		K	19	CTY Md
SEP 22	1965 P. D. 85 8	AME OF REGISTRAR	25C FUNERAL DIRECTO	shund, Kun	JERD PONE
VS 150-REV. 1/1/65	1 1000 along &	650	of francis 9	V. miller 21	0) Frederick a

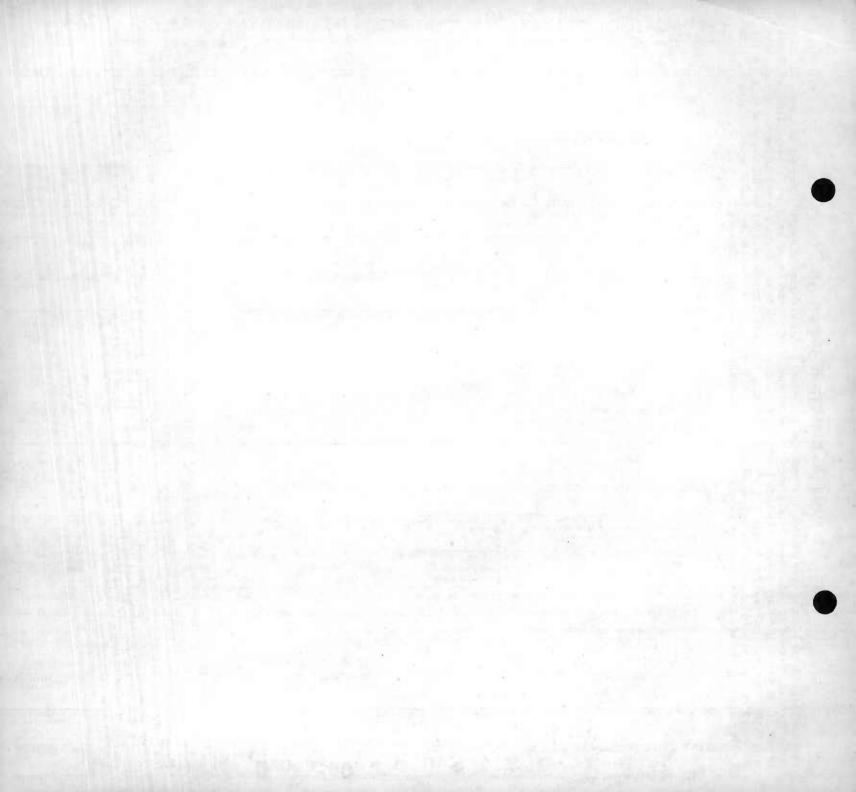
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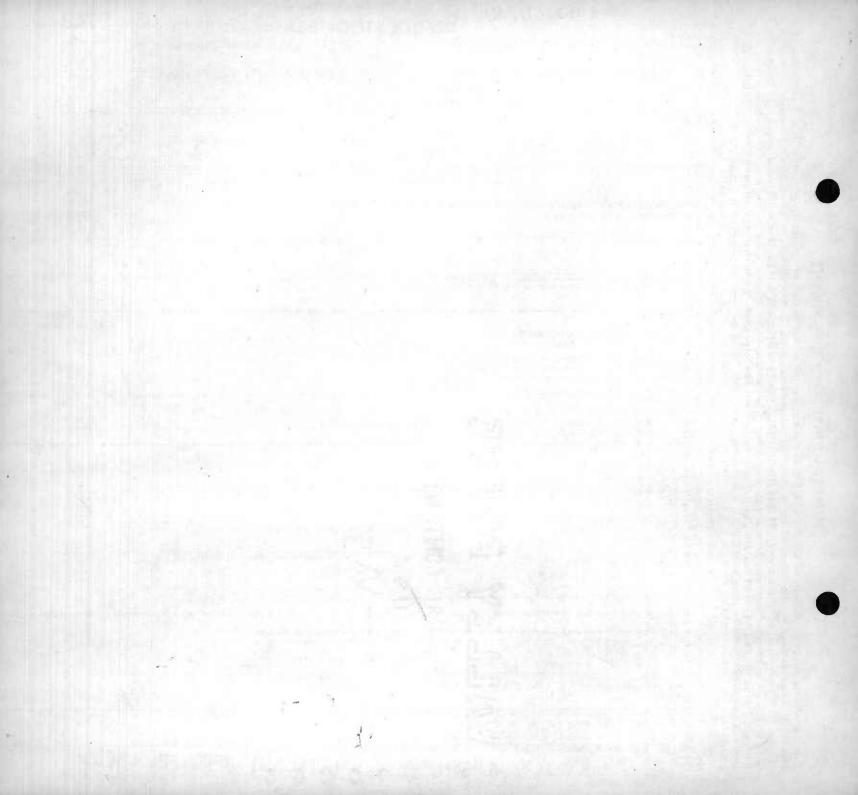


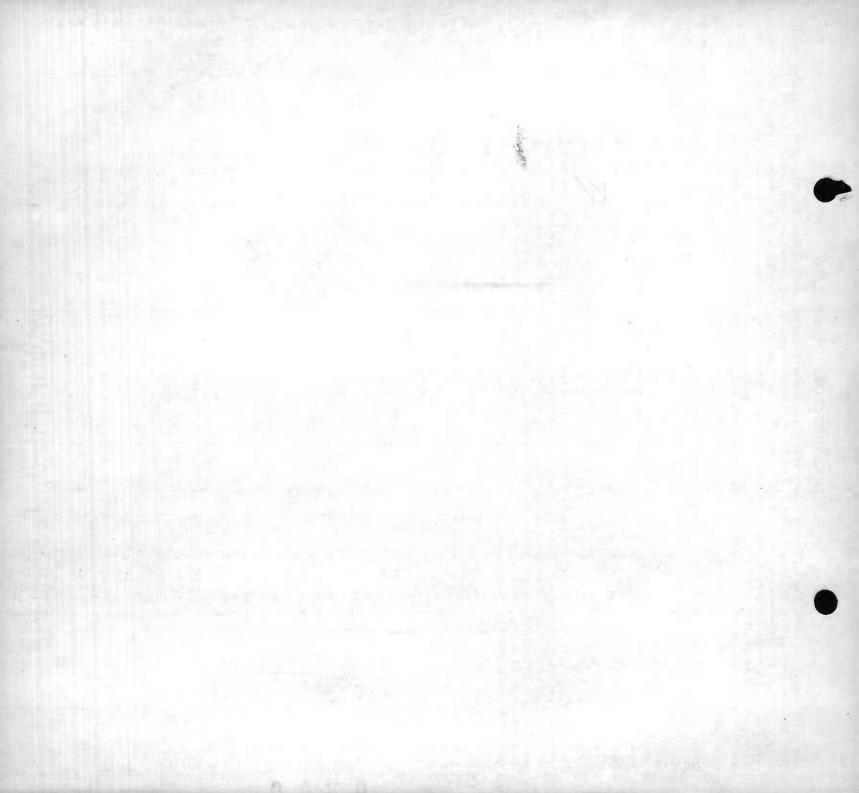


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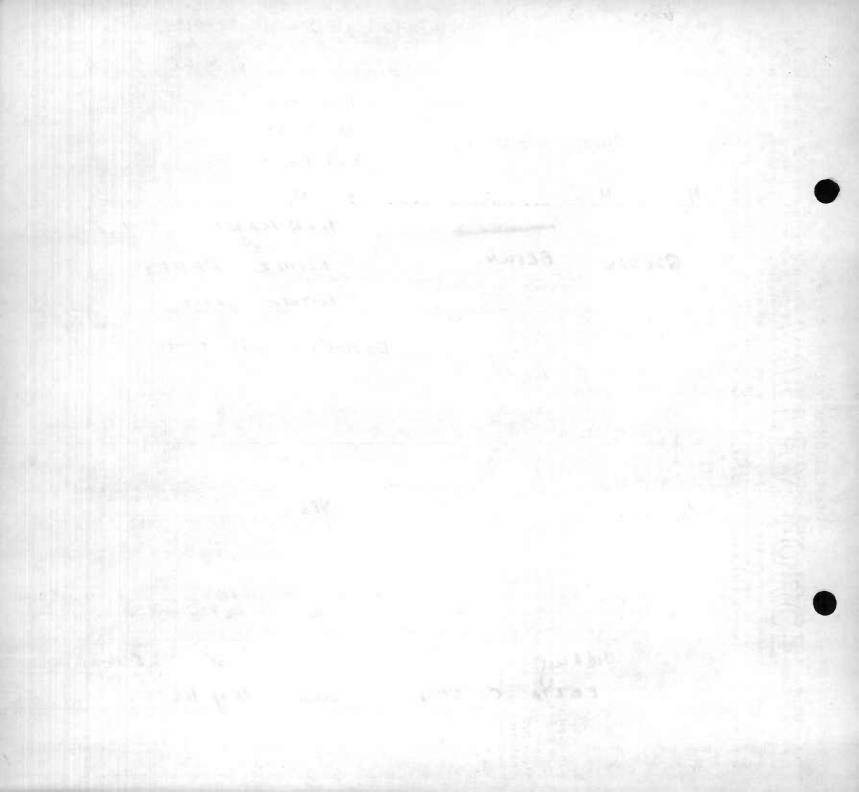
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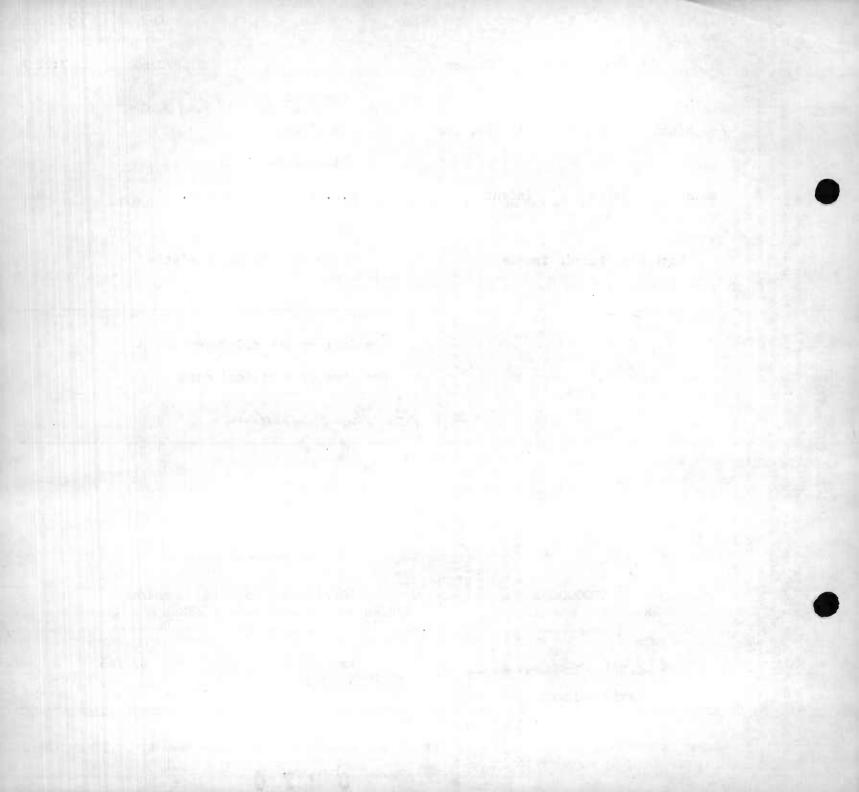




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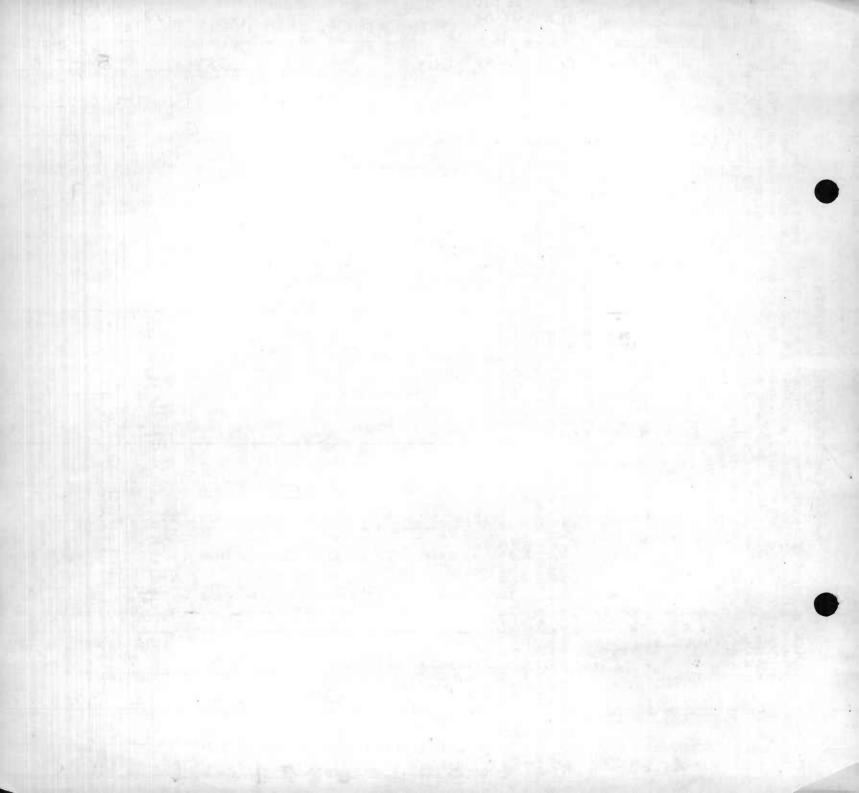
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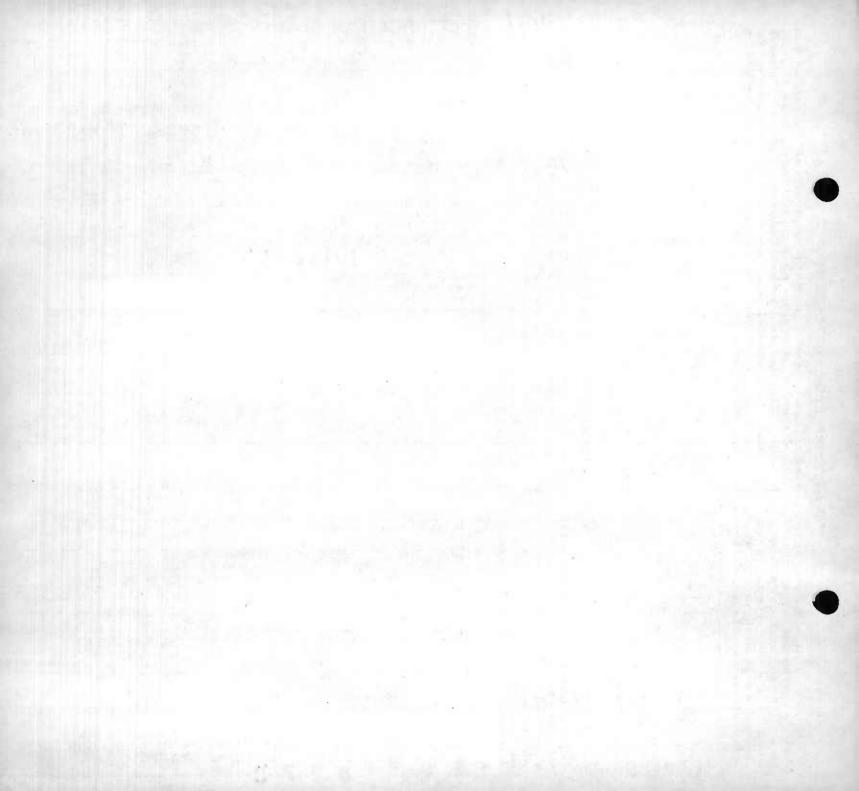


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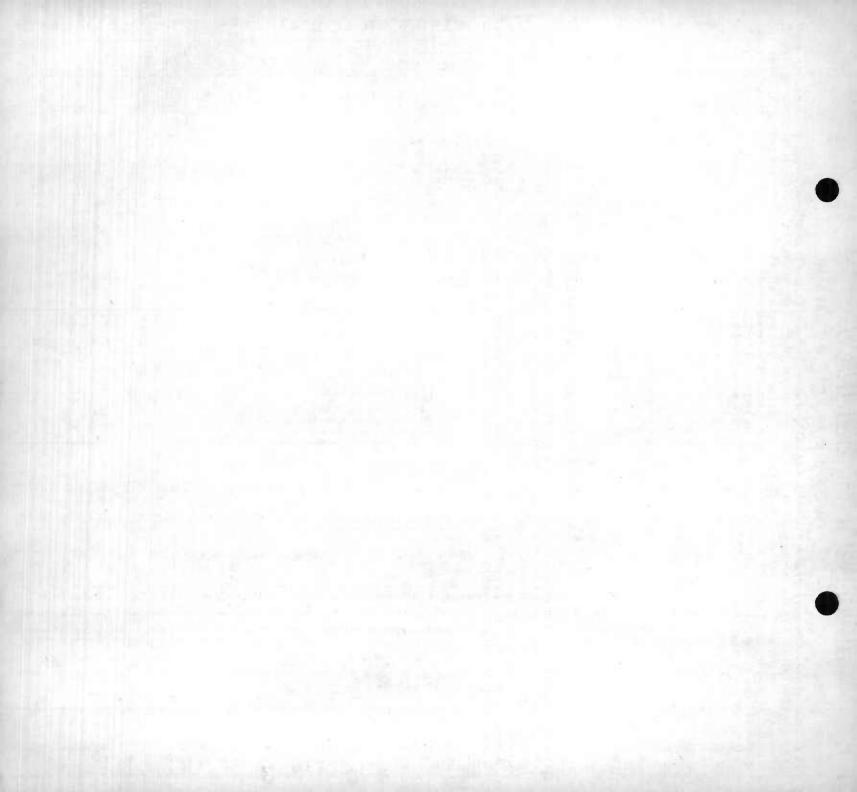
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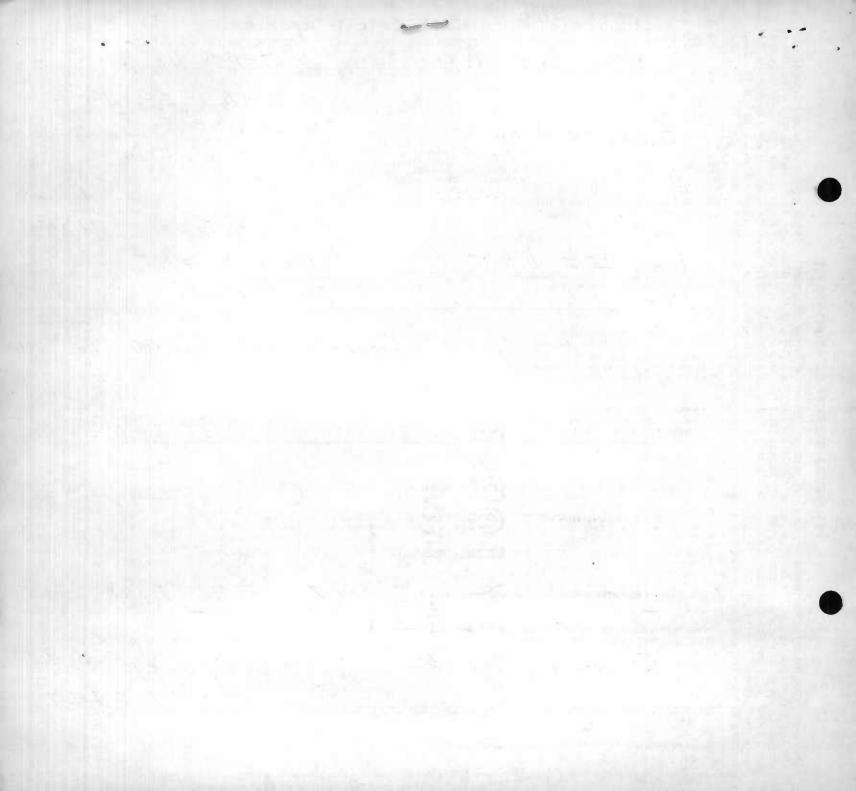
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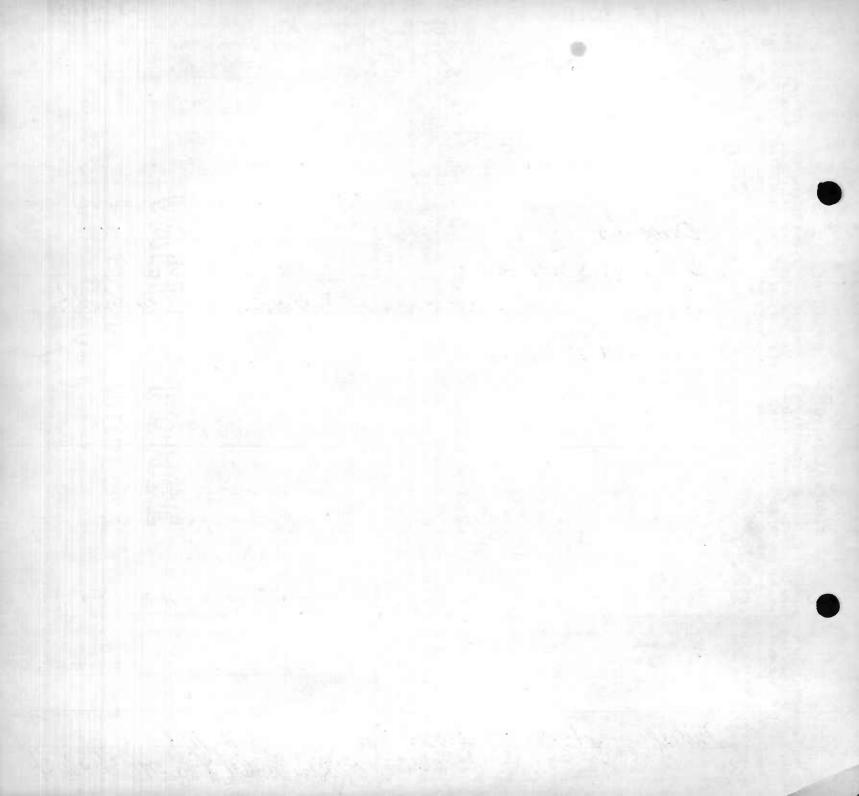
DIRECTOR:

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	65 9758	BALTIMORE CITY	HEALTH DEPARTMENT		CE O	-11-0
	TH NO. E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	00 9	758
1. N (Ty	Pe or Print) ROSA LA RUE	(516	9-1	9-65	4:55	P
8	FULL NAME OF (If not in hospital or institution, give oddress or location)	street	A. USUAL RESIDENCE (When A. STATE B. COUN'	TY	×	
> 1	HOSPITAL OR Oddress or location) INSTITUTION THE JOHNS HOPKINS HOSPIT	21/	BALTIMORE D. STREET ADDRESS (If r	side city limits, write RU urol, give locotion)	JRAL and give townsh	P) 2
			755 W. LEXI	NGTON ST.		
	FEMALE NEGRO E WIDOWED, D	ED (specify)	6-6-867 6	79	Months Doys Hours	nder 24 Hrs.
don	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU the during most of working [tile, even if retired)	JSINESS OR INDUSTRY	Ralgigh	O. C.	12. CITIZEN OF WHAT COUNTRY	?
13.	FATHER'S NAME	Annan bor a	14. MOTHERS MAIDEN NAM			
15.	Wos Deceased Ever in U. S. Armed Forces?	SOCIAL	MARGARET R	AY	ADDRESS	
(Ye	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	VerNoN La Rue	3307/8m	haton Al	18,
	18. 422.1	CAUSE O	DEATH	6	INTERVAL BE	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	SCVD one	al Jalu	· 30 %	45
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	DUE TO				.i. 3 med
	injury or camplication which caused death.)	(B)			1	Ť
	DISEASES OR CONDITIONS, if any, giving	DUE TO	······································			***************************************
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)	·,	@ @ @ @ # @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ ## # @ *** # @ ***		
	ONDERETING CONDITION IOSI.	A.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				1	
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?)
CAL CE	OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examine)	ACE OF INJURY (e.g., in lorm, foctory, street, of	or obout 21 C. WHERE DID injury OCCUR?	(If in Boltimore	City, give exoct locoti	on)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
2	(APPROX.) While Work	At Work		1	1.0	11
	22. I certify that (In (this hospital) attended the	01/9/18	<i>4117</i> 1	9 6) 10	1/17	19 63
	that () (we) lost saw the deceased alive an	7/1/63	19 and the	at in (my) our) opin	lan deoth accurred	an the da
	and hour and from the couses stated above. (1)(1)	Wex(did) (did not) v	iew the bady offer death.		23 B. DATE SIGNED	
	A Xhencer	M.D. Atte	nding Med.	Stoff Phys.	9/19/6	
	23C. PHYSICIAN NAME (Type)). R SPENCE		3D. ADDRESS	KINS HOS	P.	J
A	Burial Specify) 9/25/1965 Mf	WALLEN C	MATORY 24D. LC	CATION (City	town, or county)	(Stote)
25/	A. DATE REC'D BY HEALTH DEPT 1965 R. NAME OF	REGISTRAR	25C, EUNINAL DIRECTOR	well Hour	319% Cha	All S
S	150-REV. 1/1/65	100	0 %		1141 4.00	

ASEVO 6 Man John SP 1965 LILE STATE LIRESIDE OF O A STATE JUANS HOSPINS HOSP. The Standard and the Long.



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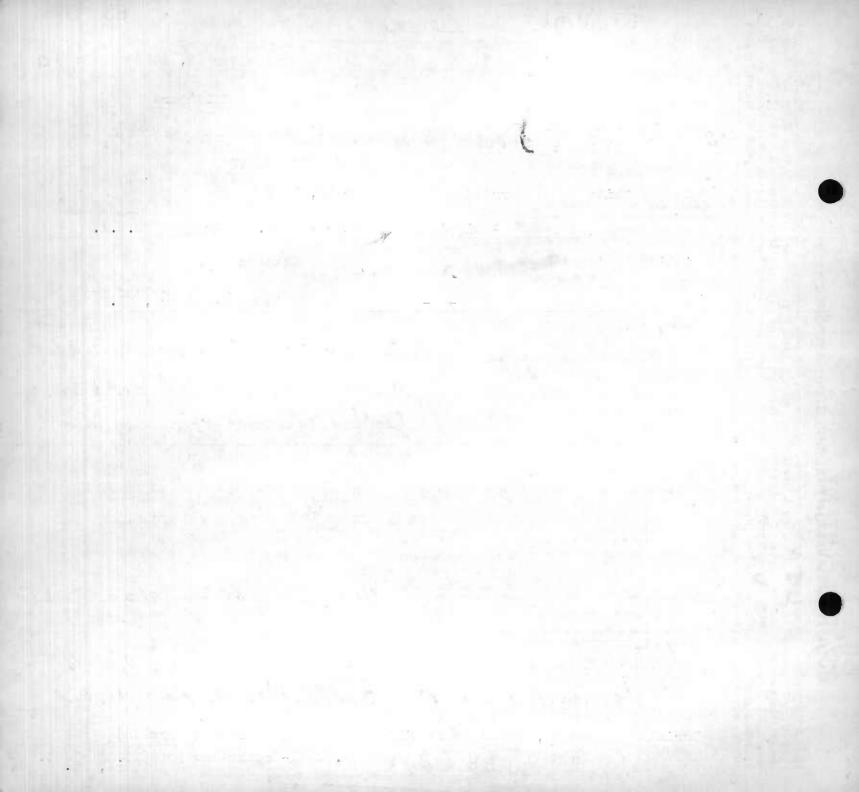
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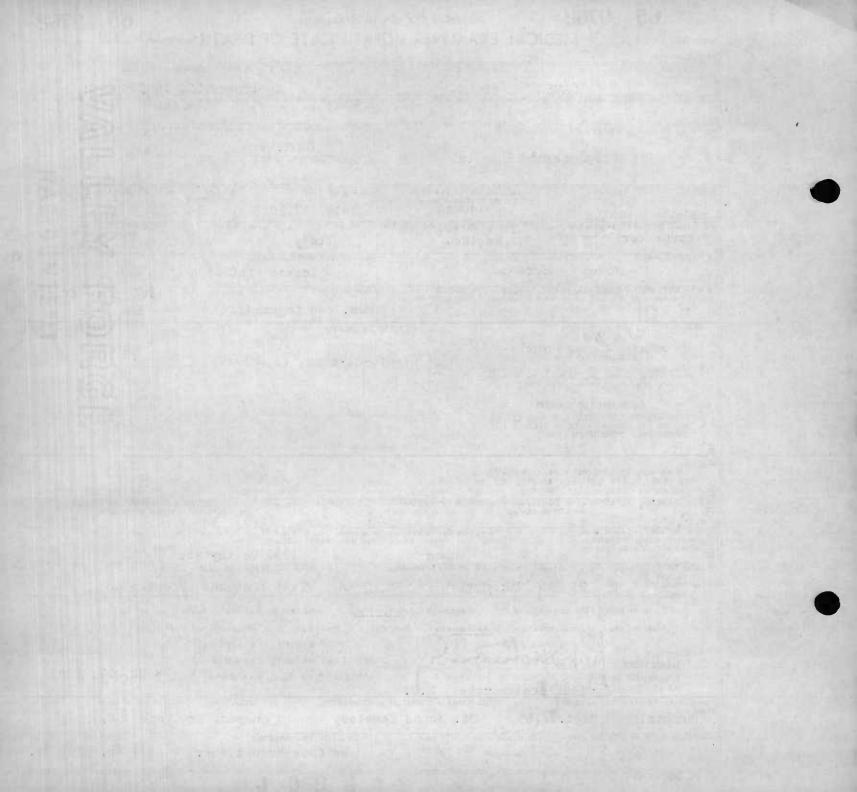
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	or oried	BALTIMORE CITY	Y HEALTH DEPAR			65 9761
MRTH NO.	65 9761	CERTIFICA	ATE OF DE	EATH R	egistered No.	00 0101
NAME OF DE	CEASED			2. DATE AND HO	UR OF DEATH	
Type or Print)	JOHN BRA	INARD		Septemb	er 20,	1965 3:59 7
PLACE OF DE	EATH IN BALTIMORE, MARYL	AND		DENCE (Where dec		nstitution: residence before admiss
			A. STATE	B. COUNTY		94.0
FULL NAME HOSPITAL OR	OF (If not in hospital or i oddrass or location)	nstitution, give street	Maryla		Baltimo	
INSTITUTION		1252 19	C. CITY OR TOV	WN (If outside o	ity limits, write	RURAL and give township)
D		Nursing Home	Baltin D. STREET ADD		give location)	503
	2401 Eutaw	FIRE OR AND				
				cyland Av		
SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRT	lost b	E (In years irthdoy)	If Under 1 Yr. If Under 24 I Months Days Hours Min
Male		Married	Mar 15,	1887	78	
	CUPATION (Give kind of work 10) f working life, even if retired)	B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign co	untry)	12. CITIZEN OF WHAT COUNTRY?
Carpent		Retired	Lawrence	ce Co. Ke	ntucky	U.S.A.
3. FATHER'S NA		Ito office	14. MOTHER'S M		nodony	0.0011
	9 to 100		250%s			
	m Brainard	· [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	THE RESIDENCE OF STREET	Unknown		
o. Was Decease les, na ar unknaw	d Ever in U. S. Armed Farces	f service) 16. SOCIAL SECURITY NO.	17. INFORMANT	A 20 A	2005	ADDRESS
No		278-05-2296	Eugene I	Brainard	Baltimo	ryland Ave
18. 7.7	234		OF DEATH	DI GIIIGI G	30000 0 2000 0 3	INTERVAL BETWEEN
22	ASE OF CONDITION DIRECT					ONSET AND DEATH
	IG CONDITION last.	TRIBUTING				ris several day l. sev. hur, gears
TO THE	DEATH BUT NOT RELATED CONDITION CAUSING IT.	O TO THE	Wore		IE VEC WEBE	FINDINGS CONSIDERED
N O	WAS PERFOR		W. AU OF	IN IN	CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
_ OR CONTRIE	ENT WAS UNDERLYING DEPARTMENT CAUSE OF fy modical examiner	21B. PLACE OF INJURY (e.g., home, farm, factory, straet, etc.)			(If in Baltimar	re City, give axact lacation)
21 D. TIME	(Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21 F. H C	OW DID INJURY	DCCUR?	
OF INJURY		While At Not Whi				
		Work At Work	- 1			
22. I certif	y that (1) (this haspital) a	ttended the deceased from	8/23	196) to	9/20 1965
that (1) (w	last sow the deceased	olive on 9/19				Inlon death occurred on the
and have a	nd from the course stated	obove. (I) (We) (did) (did not)				
23A. SIONAT		000 te. (1) (pe) (a)a) (ala hot)	TIEW THE DOGY OF	ner deorn.		23B, DATE SIGNED
Jan. Sigit Al		M.D. AH	tending -	Ned. Stoff		al I
dall	UN. Hum, 1	112. Ph	ys. D	irector Phys.		1120161
PHYSICI NAME	AN 3 /	,	3205 W	. Rosen	an Ba	No. 15 led
4A. BURIAL CR	EMATION, 248, DATE	24C. NAME of CEMETERY OF CE		24D. LOCAT		City, town, or county) (Stat
REMOVAL				m-	1/10000 1/100	nul and
Burial	Sep 22,1	965Prospect Hill	loso survey		wson Ma	
DA. DATE REC'	SEP 23 1965	B. NAME OF REGISTRAR	Wm. Co	ok-Brooks	Inc 12 Ba	17 St. Paul St. Itimore, Md.
S 150-REV. 1/1						



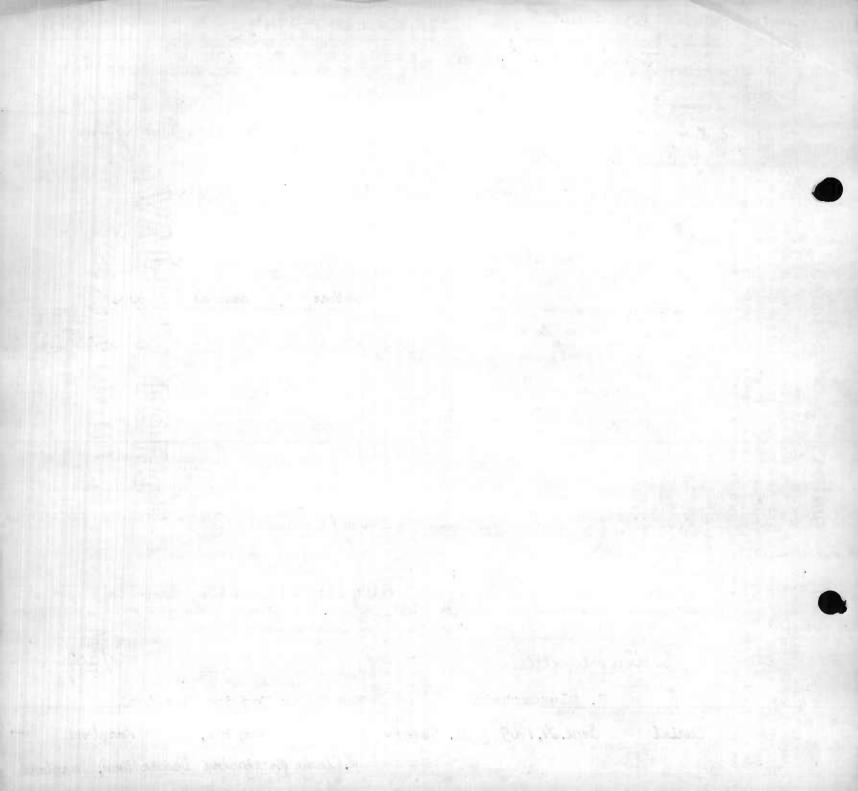
MEDICAL EVALABLED'S CEDTIEICATE OF DEATH BUT

BIRTH NO.	MEDI	CALEX	AMIINER 3 C	EKTIFICATE OF	DEATH Register	red Nd
M.E. CASE NO.						
1. NAME OF DECE	EASED				AND HOUR PRONOUNCE	
3. PLACE IN BALTI	SAVIN	O SBORD		4. USUAL RESIDENCE (WHA. STATE Maryla	ptember 22, 19 lere deceosed lived. If insti	965 1:55 A M. tution: residence before odmission) NTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Joseph's Hospital			c. city or town (If or Baltim	ore	RURAL and give township)	
1	or. Joseph	s nosp	Ital	D. STREET ADDRESS (If r		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Widowed white		July 13,188		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done destrossion	PATION (Give kind of work Estyng lite, even if retired)		BUSINESS OF INDUSTRY	11. BIRTHPLACE (Stote or for	oreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Sbordone			14. MOTHER'S MAIDEN NAME Teresa LaCioppa			
	EVER IN U.S. ARMED If yes, give wor or dote		16. SOCIAL SECURITY NO.	Mrs.Joan Lagua	. 37	Street York, N.Y.
Cranio-cerebral injuries (A) Cranio-cerebral injuries (B) Cranio-cerebral injuries (C) Cranio-cerebral injuries (A) Cranio-cerebral injuries (B) Cranio-cerebral injuries (B) Cranio-cerebral injuries (C) Cranio-cerebral injuries (DUE TO (DUE TO						
IN CERTIFYING CAUSES OF DEATH?						
21A. EXTERNAL UNDERLYING UTING CAUS	CAUSE WAS OR CONTRIB- E OF DEATH. (Month) (Doy) (Year	etc.)	PLACE OF INJURY (e.g., form, foctory, street, character) home 1E. INJURY OCCURRED	Yes in or obout 21c, where Di ffice bldg, INJURY OCCUR 1200 21f. HOW DID	Valley St.	ve exoct locotion)
(APPROX.)	9 21 65	10:50	VORK NOT	WHILEXX Fell	from the secon	nd floor
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinian resulted from; Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
EXAMINE NAME (T	ER'S ype) Rudiger B		cker, M.D.	ASSOCIATE MEDICAL	EXAMINER	Sept. 22, 1965
REMOVAL (Specify) Removal	Sept.22		St. Johns Ce		Queens, New Yo	town, or county) (Stote)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR WM Cook-Brooks, Inc. 1217 St. Paul St.						
VS 151-REV. 1/1/6	5	- G A	E (1 -)	2000	1	

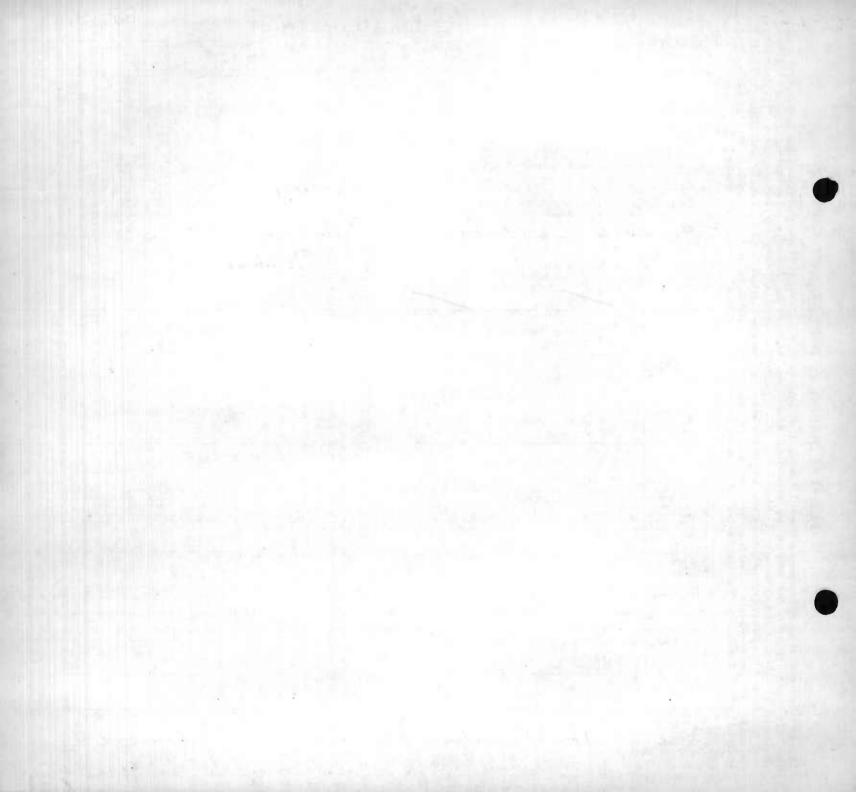


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PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Whe	e deceased lived. If	institution: residence before admission
	,	A. STATE B. COUN		- · · · · · · · · · · · · · · · · · · ·
FULL NAME OF (If not in hospital or insti	itution, give street	C. CITY OR FOWN (If our		T MARYS &
INSTITUTION	12 0			
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Baltimore, Mo.		The street Property in	and, give reconour	25-00
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hr.
MALO LILTE WI	DOWED, DIVORCED (specify)	8.0	lost birthdoyl	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work) 10 B, Ki	wer married	10-26-50	18 year	
one during most of working life, even if retired)	01			12. CITIZEN OF WHAT COUNTRY?
Child	Work	Manyla	rel	U.S. A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Joseph Hardi	inci	Morres	taudin	-CL
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17- INFORMANT	100000	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.		, II	
		Mother	some as #	
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(This does not mean the mode of dying heart foilure, asthenia, etc. It means the d	isease,	0 '	/	
injury or complication which caused death,	.)	11 20 1 10001	777	
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154	BALTIMORE C	CITY HEALTH DEPARTMENT
C-601:	BIRTH NO. CERTIFIC	CATE OF DEATH Registered No. 00 9/60
and sed the the	M.E. CASE NO.	
- 0 D W	1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
- 0 0 c .	ECHLABETH CROMWEL	
a de	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
in 0		Marchael
	FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (II outside city limits, write RURAL and give township)
n a cau use; tend	INSTITUTION	C. City of the course only minis, while KOKAL dillo give lowiship?
- 25 - -	17	D. STREET ADDRESS (If rurol, give locotion)
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	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In year) If Under 1 Yr. Il Under 24 Hrs. Months; Days Hours; Min.
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F: # 5 € > # G	hale man	(July more)
Stant ind; ind; eath	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
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	23C. PHYSICIAN'S NAME (Typel	23D. ADDRESS
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certificate moody was relies. (1) An acci	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	ONICE III
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	VS 150-REV. 1/1/65	
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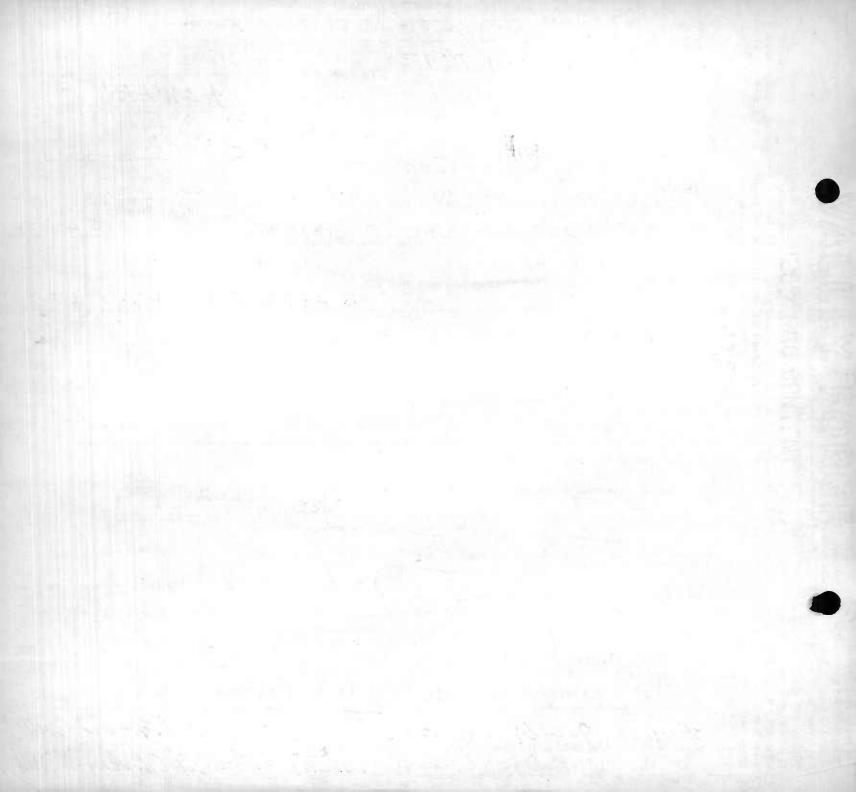
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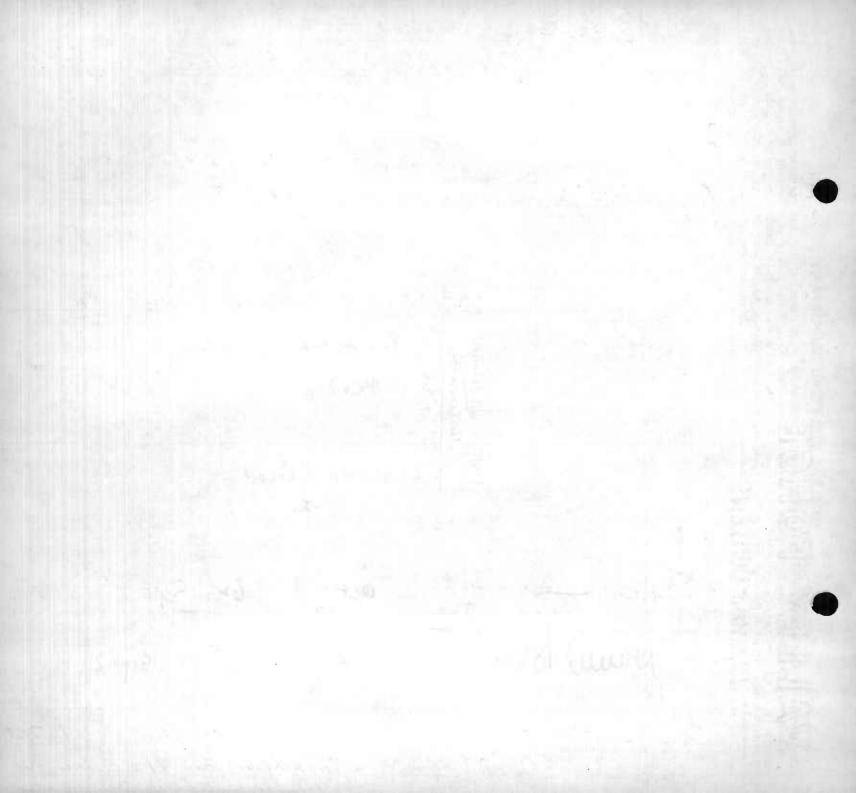
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BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/65

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TIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH Where deceased lived, If institution; residence (If outside city limits, write RURAL AGE (In years If Under 1 Yr. If Un Manths Days Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 218. PLACE OF INJURY (e.g., in or about 21 C WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimare City, give exact location) 21F. HOW DID INJURY OCCUR? and that in (my) (our) apinion death occurred an the date and haur and from the causes stated above. (1) (We) (fid) (did nat) view the body after death. Stoff (City, tawn, ar county) 24D. LOCATION Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Ave. VS 150-REV. 1/1/65

Rown & Stricker Moderne Hondel Recenty Bridge Frieder Braken

IMPORTANT

DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

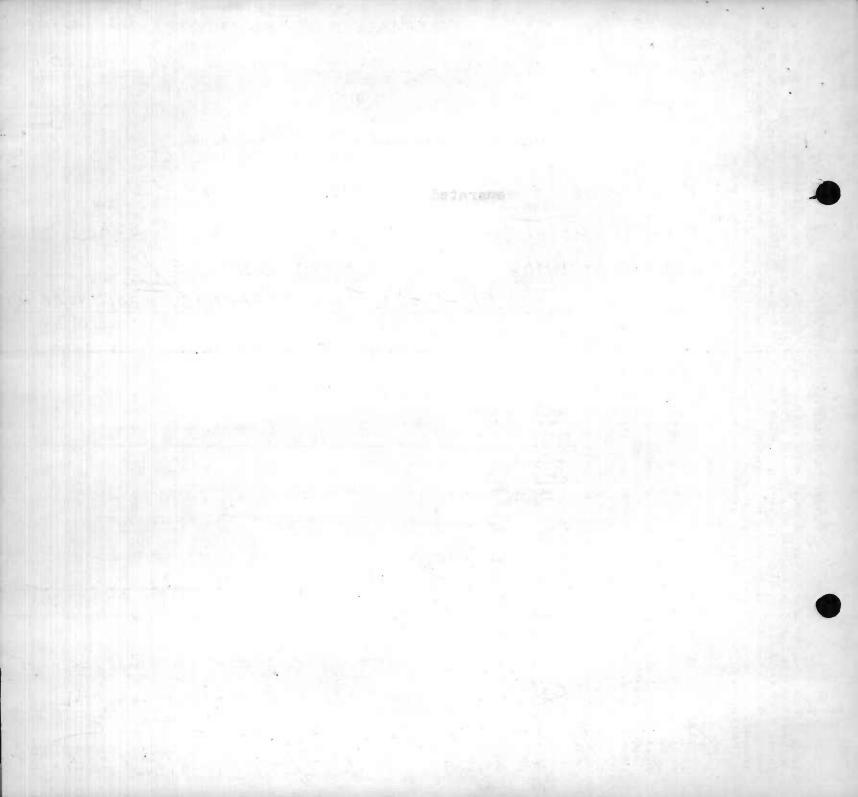
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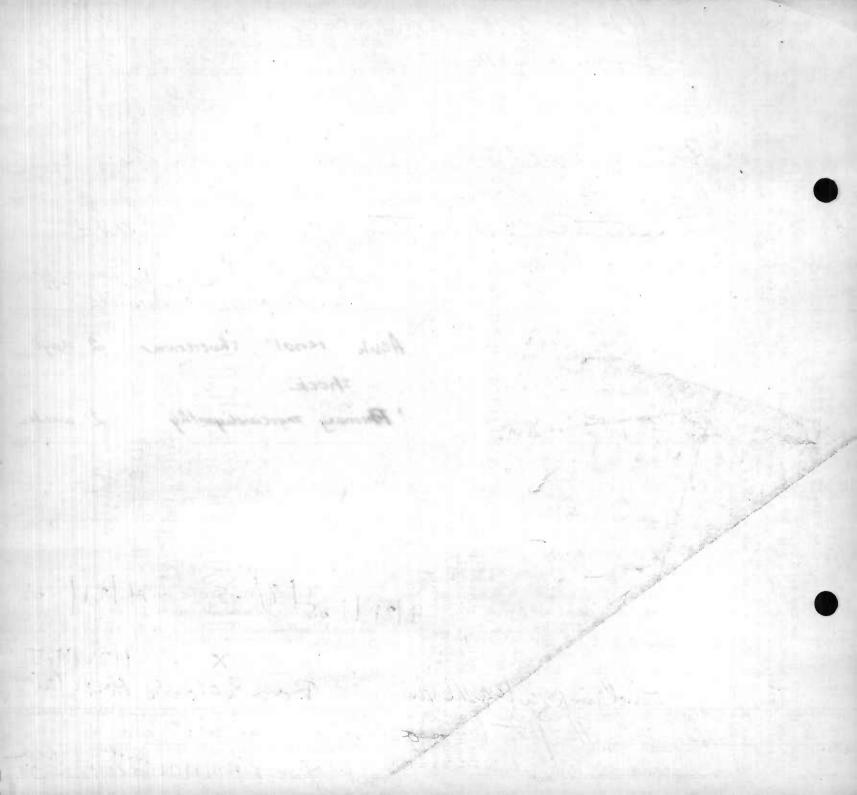
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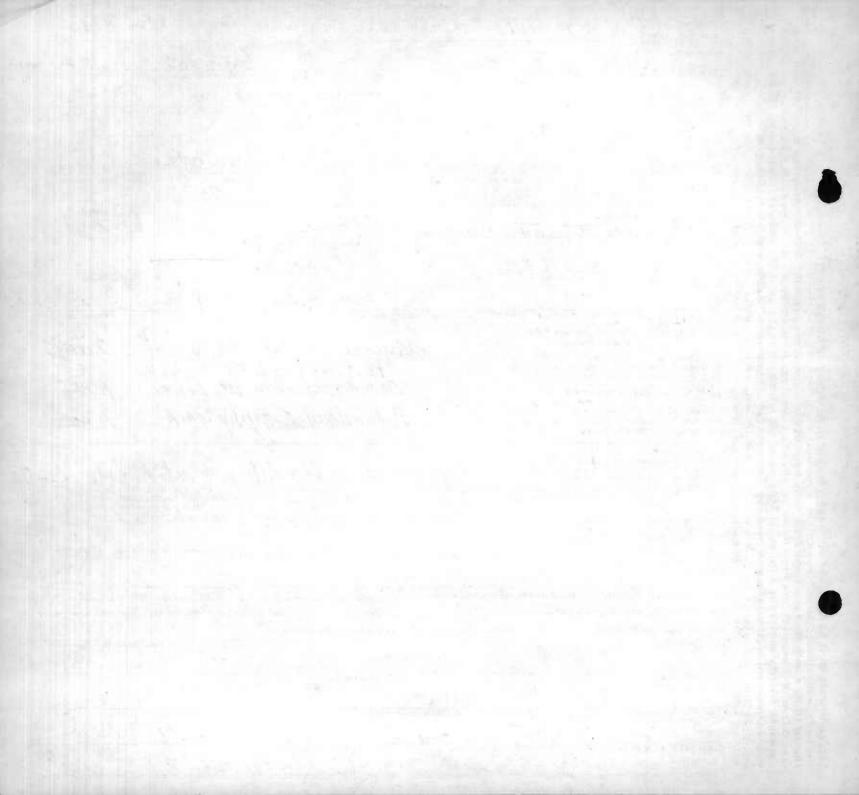
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FUNERAL DIRECTOR:



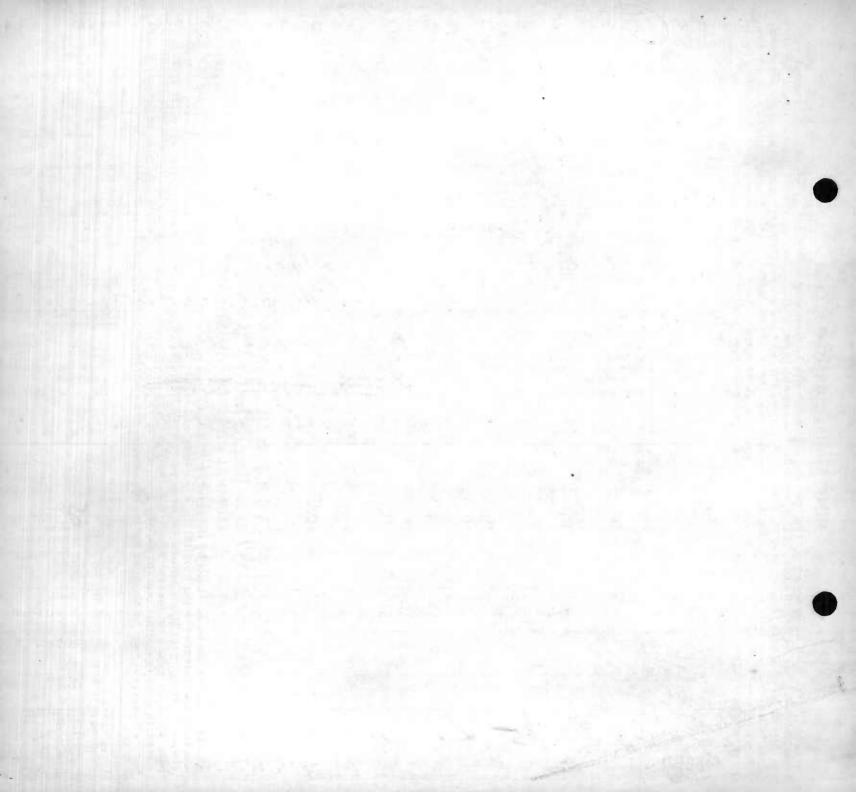




VS 150-REV. 1/1/65

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BIRTH NO. 5165 9776	CERTIFICA	TE OF DEATH Registered	No.00 9/16
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(Type or Print)			65 16:15 AM
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3. PEACE OF DEATH IN BALTIMORE MARIENTO		A. STATE B. COUNTY	in anstitution: tesidence belore damission.
FULL NAME OF (If not in hospital or instituti	on, give street	MURRYCAND	1702
HOSPITAL OR oddiess or location)	/	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
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DA ETIMOLE,	ell di	11 N. FULTO.	NAVE
		B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
f (anc	DOWED (specify)	3-18-82 lost birthday 3	Months Doy's Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KINE		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working lile, even if retired	0	<i>i</i> -	WHAT COUNTRY?
work h	one	BACTIMORE	usia
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
WM. B. Rust	10	MARY. SHAN	16-
15. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT	ADDRESS THE
(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	len The con	h.t. The
110	CAUSE OF	DEATH OWNER.	11. ocensacer 12
18. 170 X 1	CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	100	ULMONARY Embou	luc l
(This daes not mean the made of dying,		OLWONING - 100	~~3
heart failure, asthenia, etc. It means the dise			
injury or camplication which coused death.)	all all	MAN AND AND AND AND AND AND AND AND AND A	
ANTECEDENT CAUSES	DUE TO	4	***************************************
DISEASES OR CONDITIONS, if ony, give		comma () Beins	
rise to the above cause (A) stoling UNDERLYING CONDITION last.	The (C) Cyse	CINOMA (E) EXERSI	
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING		The same of the sa
THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, V	VERE FINDINGS CONSIDERED
HAS PERFORMED	· (2) 6 =	IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (If in Bo	Itimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, offi	ce bldg. INJURY OCCUR?	
U		015 11001	
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While At Work		
22. I certify that (this hospital) ottende	ed the deceased from 7	16-65 19 to	7-21-65 19
that (I) (we) lost saw the deceased alive	0-11-6-		opinion death occurred on the date
	VII		7-opinion deorn occurred on the dore
and hour and fram the causes stated above	e. (I) (#e) (dld) (did not) vi	ew the bady ofter deoth.	
23A. SIGNATURE		2	23B. DATE SIGNED
Muchaelboth	M.D. Atter	Med. Stolf Phys.	9-21-65
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	
IM R	M.D.	1711 A 4/11/100	Que have
24A. BURIAL CREMATION, 24B. DATE / 24B	C. NAME OF CEMETERY OF CREE	MATORY 24D. LOCATION	(City, Jown, or county) (Stote)
REMOVAL (Specify)	- PORTER OF CREE	the 2	3 a ma &
Darial 1/2>165	Loudo	n II Fretto	. 27. 100
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS Que
SEP 23 1965 M.O. HE.	tarker M.B	1/1 HOJ. N. HIO	10/- 1-

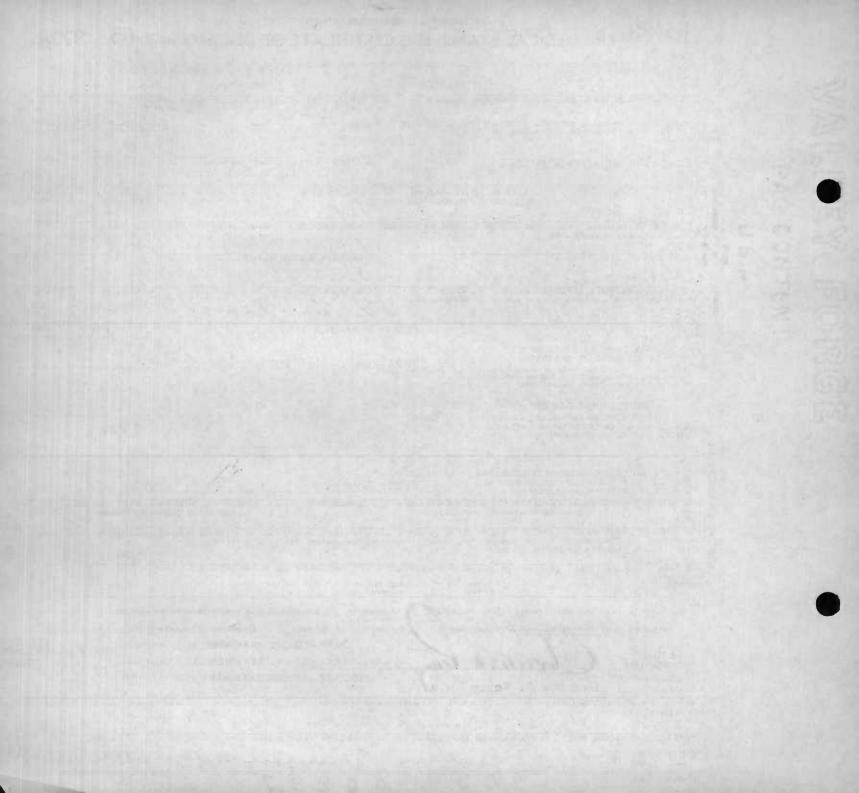


1/00	65 9777 BALTIMORE CITY HEALTH DEPARTMENT	65 9777
6 - 7 0 -	CERTIFICATE OF DEATH REGISTER	
0 W + 0	A.E. CASE NO. NAME OF DECEASED Type or Print) Howard Bailey 2. Date and Hour of 9/21/65	9.00 P
0 t 3	I. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased in A. STATE B. COUNTY	ed. If institution: residence before admission
÷	FULL NAME OF HOSPITAL OR oddress or location) (If not in hospital ar institution, give street oddress or location) C. CITY OR TOWN (If outside city limits)	, write RURAL and give tawnship)
1	THE JOHNS HOPKINS HOSPITAL BALTIMORE	
	D. STREET ADDRESS (If rurol, give local 2401 EAST EAGER	
	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (in ye lost birthday)	ors If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	MALE NEGRO MARRIED 7-26-28 37 OA USU'AL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12, CITIZEN OF
	lane during mast of working tits every's retired) Baltimore	WHAT COUNTRY?
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
1	VERNON BAILEY RUBY JOHNSON 5. Wos Decessed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Uf yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	Arus o
•	18. 710.0 I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Scleroderma with pulmona	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ent
ŀ	ANTECEDENT CAUSES (B)	
ı	DISEASES OR CONDITIONS, if any, giving	
ì	rise to the above cause (A) stating the (C)	0000 0000 0000 00 00 00 0000 0000 0000 0000
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION YES 10 CERTIFY 218. PLACE OF INJURY (e.g., in gr about 21 C. WHERE DID (If in	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
	218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID or CONTRIBUTING CAUSE OF hame, form, factory, street, affice bldg., INJURY OCCUR?	Baltimare City, give exact lacohan)
	21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	(APPROX.) While At Work At Work	0/27
	22. I certify that (I) (this hospital) attended the deceased from 7/21/03 19 to thot (I) (we) last saw the deceased alive on 9/21 19 65 and that in (my) (continue to the first saw the deceased alive on the first saw the deceased saw the deceased alive on the first saw the deceased saw the deceased alive on the first	ur) opinion death occurred on the date
	ond hour ond from the causes stated above. (1) (We) (did) (did not) view the body after death.	or, opinion death occurred on the dat
	23A. SIGNATURE	23B. DATE SIGNED
	Hloman 1. Holl M.D. Attending Med. Director Phys. 320 Appendix	9-21-65
	23C/PHYSICIAN'S NAME (Type) Herman K. Gold M.D. Johns Hopkins Hos	oital
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	(City, town, or county) (Stole)
100	Burial 9-25-65 MT. CALVARY COM. Brook	Lyn, Md
-	SEP 23 1965 Robert E. Jahren W. 25C. FUNERAL DIRECTOR	Son 1600 BI-ANThey Any
IF	/S 150-REV, 1/1/65	And International And



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BIRTH NO.	STES MED	ICAL EX	AMINER'S	CERTIFICATE OF	DEATH Registe	ored N.55 9778
M.E. CASE NO.	0.1465					
1. NAME OF DE			CARRAGE		ND HOUR PRONOUNC	
	DAVID		GARDNER		tember 23, 1	1711
	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Whe	re deceased lived. If inst B. COL	itutian: residence before odmissian) JNTY
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	THON, GIVE STREET	C. CITY OR TOWN (If outs	ide carparate limits, write	RURAL and give township)
INSTITUTION				Baltimore	1	9-1
Frank1	in Square Hos	spital		D. STREET ADDRESS (If rur		100
			ME WELL	129 N. Fu	Iton Avenue	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.
Male	Negro	(2016.D	12/10/1917	47	
IOA USUAL OCC	UPATION (Give kind of wor			RY 11. BIRTHPLACE (State or for		12. CITIZEN OF
10 -	working life, even if retired)			Bourd m7	7	WHAT COUNTRY?
13, FATHER'S NAM				14. MOTHER'S MAIDEN NA	AAF.	0004
	pa -			14. MOTHER'S MAIDEN NA	WE	
W.11.	IAM GAM	リカルゼー	~	Wish		
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
UES .	(If yes, give war or dote	es of service?	SECORITI NO.	diffina 1	4mm 131	in, toured by
1B.	42 X		CAUS	E OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION D	RECTLY				ONSET AND BEATH
J. 5102.1	LEADING TO DEATH		Myper	tensive Cardiova	scular Disea	se.
(This does	nat mean the mode of	dying, e.g.,	DUE TO			
injury or co	mplication which coused	death.)				
	ANTEGENIDENT CAUS					
	OR CONDITIONS, IF A		(B)	~ g ~ W ^ ^ ^ 6 M R R R R R R R R R R R R R R R R R R		
RISE TO TH	IE ABOVE CAUSE (A) S		DUE TO			Harry Co.
	NG CONDITION LAST.		(C)			
6			(%/		*************	• • • • • • • • • • • • • • • • • • • •
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTE	ıc			
O THE	DEATH BUT NOT RE			y Liver.		
는 DISEASE O	R CONDITION CAUSING	G 1T.	ract			
LUI	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20 B. IF YES, WERE FI	
0 2	WA3 1 L	(I OKIVIED		Yes	III CERIII IIIIO CAO	Yes
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.	in or about 21C. WHERE DID	(If in Baltimare City, gi	ve exact location)
	OR CONTRIB-	etc.1	, тат, тастату, втеет,	affice bldg., INJURY OCCUR?		
7						
OF INJURY	(Month) (Doy) (Yea		1E. INJURY OCCURRED		JURY OCCUR?	
(APPROX.)		m. V	VHILE AT NOT	WHILE		
22.						
I cer	tify that I held an	Inquiry L	Inspection A		this basis, death in r	
resu	Ited fram: Natural ca	uses X	scident D Suici	de Hamicide	Undetermined mann	er
			1/_	CHIEF MEDICAL	EXAMINER	
ACTUA		0.0.	1 /20	ASSISTANT MEDICAL		DATE SIGNED
SIGNAT		cuus	o selly M.I			9/23/65
HAME (. (S. Pet	ty, M.D.	ASSOCIATE MEDICAL	EXAMINER	
23A. BURIAL CRE	EMATION, 238 DATE	23	C. NAME OF CEMETERY	or CREMATORY 23D	LOCATION (City	, town, ar county) (State)
REMOVAL (Specif	fy)	1, -	R - 2	1 1	Brok his	
Jones	1/27	160	Darw M.			
24A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL DIRECT	4	ADDRESS
SEP 2	3 1965 Rober	A & . Fo	inley 14.8	manson	a Filmy-	638 N Girmaj
VS 151-REV. 1/1	/65	12 1	F 11 5	00000		



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VS 150-REV. 1/1/65

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Was

9/27/1965 Rem.Burial Paxtang 25A. DATE REC'D BY HEALTH DEPT.

Harrisburg 25C. FUNERAL DIRECTOR

Pa ADDRESS toon Bá]

C. O. Sabito "karen Seri u Den i mil. Balistmern Anistmere, Dienians

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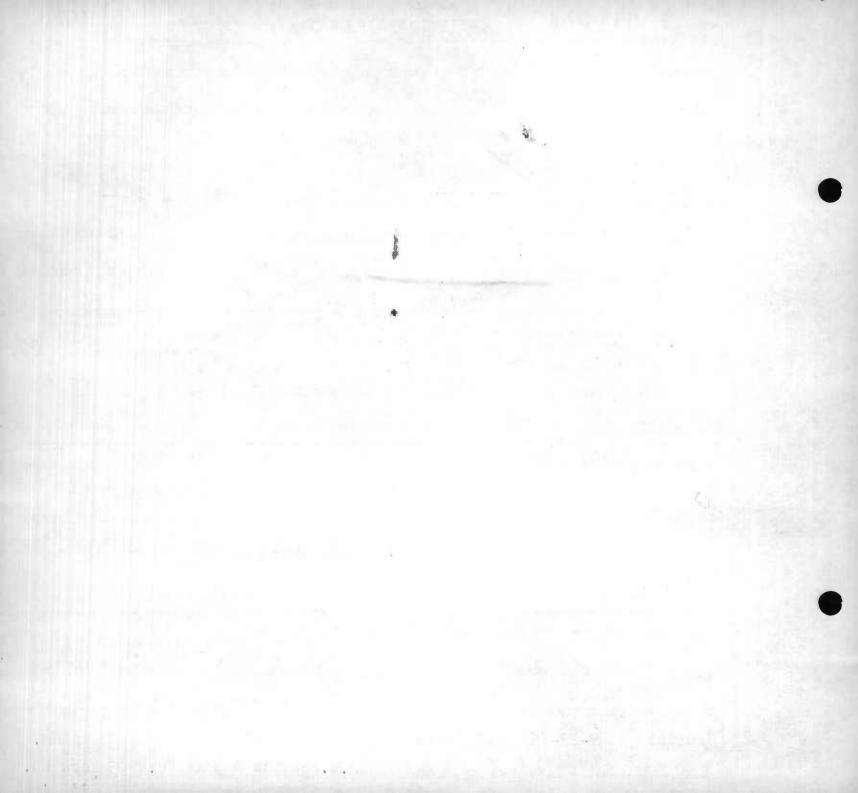
September 20 September 20 September 20

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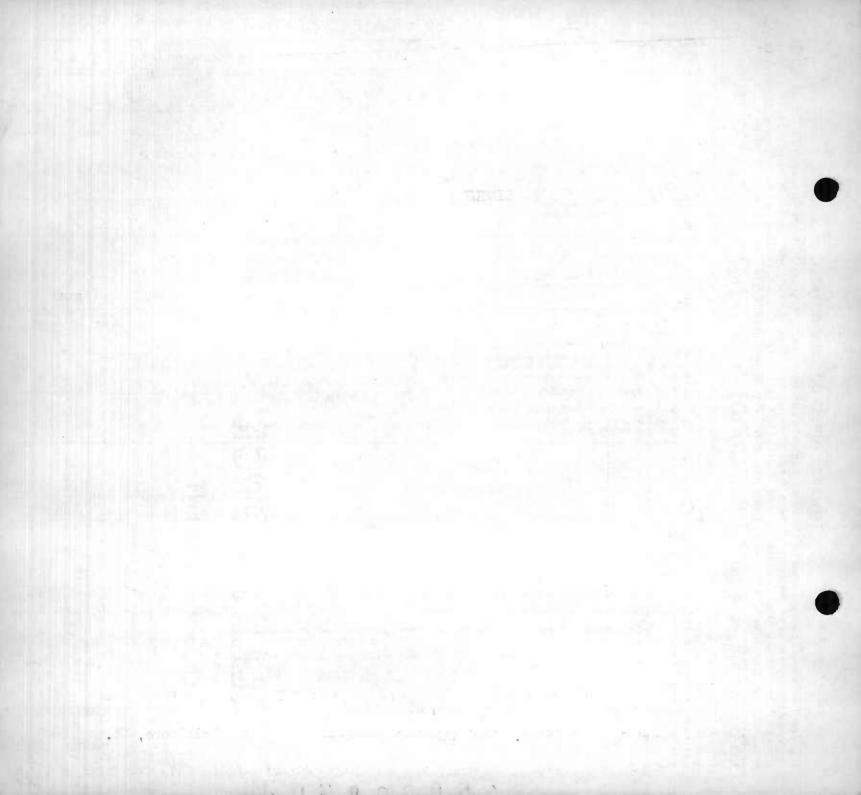


VS 151-REV. 1/1/65

GO .	MED	ICAL EXAMINER'S C	ERTIFICATE OF	DEATH Registe	ered No.5 9781
M.E. CASE NO.					
1. NAME OF DE	CEASED			ND HOUR PRONOUNC	
Tho	mas LEO	AND DESCRIPTION OF STREET	gastis .	9/20/	
FULL NAME OF		HERE PRONOUNCED DEAD	A. STATE Maryland	d B. COL	
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outs	ide corporate limits, write	e RURAL and give township)
A		A Lord S	Baltin	nore	07-44
		13	D. STREET ADDRESS (If rure		
		fton Ave.		Sefton Ave.	
s. sex male	white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Oct. 16. 1895	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
		Single	17 11. BIRTHPLACE (State or tors	-/	12. CITIZEN OF
	working life, even if retired)		Rollings Man	7 d	U S A
Labo	rer ^{AE}		Baltimore, Mar	y Land	USA
Timoth	y Harrington		Mary Hand		
5. WAS DECEASE	D EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
Yes, no or unknown	I (If yes, give wor or dote	s of service) SECURITY NO.			
			Mr. John E. Ka	ufman, 1518	
18.	8,11	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY			
(This does	LEADING TO DEATH	Arterio	sclerotic cardio	ovascular dis	sease
heort foilure	not meon the mode of , osthenio, etc. It meons mplication which caused	dying e.g., DUE TO			
injury or co	impireditori witten coused	deom.,			FOR PERMANEN
	ANTECENDENT CAUSE				
	OR CONDITIONS, IF A				
	NG CONDITION LAST.	IA III O THE			The second second
Z		(C)		***************************************	**************************************
F	II	CONTRIBUTING			
O THE	DEATH BUT NOT RE	LATED TO THE			
DISEASE O	R CONDITION CAUSING			\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
O A DATE OF	F OPERATION 198, CON	FORMED	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	
	L CAUSE WAS	218, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City, a	ive exact location)
	OR CONTRIB-	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
Z 21D TIME	(Month) (Doy) (Yeo	r) (Hourl 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		WHILE AT NOT	WHILE WORK		
22.		m. WORK ATV	VORK []		
I cer	tify that I held an I			his basis, death in r	
resu	Ited from: Natural ca	uses X Accident 2 Suicio	de Hamicide	Undetermined mann	er _
N 1			CHIEF MEDICAL E	XAMINER .	D. TE (16:15)
ACTUA		en 7 - [ASSISTANT MEDICAL		DATE SIGNED
SIGNAT		M.D	ASSOCIATE MEDICAL		9/21/65
NAME (U. Spitz, M. D.	ASSOCIATE MEDICAL	- XAMINEN	7/ 21/ 05
23A, BURIAL CRE REMOVAL (Specif	MATION, 238, DATE	23C. NAME of CEMETERY	or CREMATORY 23D.		, town, or countyl (Stotel
Burial		Baltimore 24B, NAME OF REGISTRAR	National 24C. FUNERAL DIRECTO	Baltimore, J	Maryland ADDRESS
SEP 2	3 1965 Re	& E. Farleyna	Leonard J.	Ruck Inc. 530	5 Harford Road.
VC 151 DEV 1/1	/LE		1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	-2011	, marturd mosts.

The land of the la HARLEY SEED THE THE THE THE CONTRACT OF THE PARTY OF THE

	BIRTH NO.	00	9782	CERTIFIC	ATE OF DEA	TH Registered No	65 9782
Suc	M.E. CASE NO.	EASED			2, D	ATE AND HOUR OF DEAT	н
1	Type or Print)	ANNIE	I.	MOR WOOL	S	EPTEMBER 22.	1965 5:23 P
3	B. PLACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENC	E (Where deceased lived. If	institution: residence before admiss
t					MARULA	COUNTY	26-01
	FULL NAME O	F (If not in haspital oddress or location		, give street			e RURAL ond give township)
1	INSTITUTION						e KOKAL ONG GIVE TOWNSHIP)
1	AIDDEN	CHADIE	CENT	ERAL HOSPITI	D. STREET ADDRESS	MORE (If rural, give location)	
	10016174	CHAILLES	GLIVE	THE HOSPITI	4 5406	GERLAND ,	AUE.
15	5. SEX	6. RACE	7. MARRIEI	D, NEVER MARRIED	B. DATE OF BIRTH		
	EFMALE	WHITE	WIDOW	ED, DIVORCED (specify)	FER 9/1885	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 I Months Days Hours Min
-	TEMPLE	IBATION (Give kind of war	SIN	GIR OF BUSINESS OR INDUST	DV 11 SIDTUDI A CE (State	80	12. CITIZEN OF
	dane during most of v	warking life, even if retired)		or Bosiness or Indos	*		WHAT COUNTRY?
	HOUSE W	VIFE			MARYLAI	UD,	U, S, A.
9	3. FATHER'S NAM				14. MOTHER'S MAID		
	WILL	14M MOI	e WODI		CATHER	INE CASE	4
ī	5. Was Deceased	Ever in U. S. Armed Fa	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
1		(If yes, give war ar dat	es at service)	SECURITY NO.	ACINES	ETZEL (SIS	STER) (Same)
-	No					L - L (3/8	
	18. 44	+3 XI		CAUSE	OF DEATH		ONSET AND DEATH
Q		SE OR CONDITION DE		Com	2	am 1150000 = 11	4.0
		LEADING TO DEATH		(A) CE/6	EBROVASCUL.	AR HERDRRHA	16-6
		at meon the made of asthenia, etc. It means		., DUE TO			
1		plication which coused			To They be	apren	
					ILIENSIVE I	114/6/10/50/10/	CAPDIO-
	-	ANTECEDENT CAUSES	S	(B)	MAGGINA	DISTACE	OTTIC CARDID-
	DISEASES O	OR CONDITIONS, IF	any, givin	g			POTIC CARDID-
	DISEASES O	OR CONDITIONS, if above cause (A)	any, givin	g		R DISTASE	
	DISEASES O	DR CONDITIONS, if a abave cause (A) CONDITION last.	any, givin	g			
	DISEASES Orise to the	DR CONDITIONS, if a above cause (A) G CONDITION last.	any, giving the stoling the CONTRIBUTII	g e (C)			
	DISEASES OF THE DISEASE OF TO THE DISEASE OF	OR CONDITIONS, if a obove cause (A) GONDITION last. I	any, giving the stoling the CONTRIBUTIL ATED TO T	g e (C)			
	DISEASES OF THE DISEASE OF TO THE DISEASE OF	OR CONDITIONS, if a obove cause (A) GONDITION last. I	any, giving the stoling the CONTRIBUTII ATED TO T	g e (C) NG HE			
	DISEASES OF THE DISEASE OF THE DISEA	OR CONDITIONS, if a above cause (A) G CONDITION last. FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 19B. COP	CONTRIBUTII ATED TO T IT. NOTION FOR	G (C)	20 A. AUTOPSY? (Ye	s ar No) 208. IF YES, WER IN CERTIFIING C	
ŀ	DISEASES OF THE DISEASE OR TO	PR CONDITIONS, if a obave cause (A) CONDITION last. FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CON WAS PEINT WAS UNDERLYING CAUSE OF	any, giving stoling the CONTRIBUTII ATED TO T IT. NOTITION FOR REFORMED	g e (C) NG HE	20 A. AUTOPSY? (Ye	s ar No) 208. IF YES, WER IN CERTIFIING C	E FINDINGS CONSIDERED AUSES OF DEATH?
	DISEASES OF THE PROPERTY OF TH	OR CONDITIONS, if a above cause (A) G CONDITION last. FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COPERATION 198. COPERATION 198. COPERATION WAS PER 198. COPERATION CAUSE OF medical examiner)	any, giving the stoling the CONTRIBUTII ATED TO TO IT. NOTION FOR FORMED 21 he et	NG HE WHICH OPERATION B. PLACE OF INJURY (e.g. mme, farm, foctory, street, c.)	20 A. AUTOPSY? (Ye ,, in ar about 21 C. WHERE office bldg., INJURY OCC	s at Na) 208. IF YES, WER IN CERTIFYING C DID (If in Baltim	E FINDINGS CONSIDERED AUSES OF DEATH?
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	DISEASES OF THE DISEASE OR TO	PR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION 198	any, giving stoling the CONTRIBUTII ATED TO T IT. WILLIAM STORMED 21 he et W.	MG HE WHICH OPERATION B. PLACE OF INJURY (e.g. mme, foctory, street, c.) E. INJURY OCCURRED And Walter Al Not Walter Al Wa	20A. AUTOPSY? (Ye win ar about 21C. WHERE office bldg., INJURY OCC 21F. HOW D	DID (If in Baltimous) Ond that in (max) (our) o	E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact lacation)
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	DISEASES OF THE STATE OF THE DISEASE OR TO THE D	PR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITION IS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CONDITION CAUSING CAUSE OF medical examiner) That (A) (this hospital lost saw the deceased from the causes stated the caus	any, giving the stoling the contribution for the co	MICH OPERATION R. PLACE OF INJURY (e.g. mme, foctory, street, c.) E. INJURY OCCURRED While A1 Not W A1 Wa The deceased from 2 (1) (We) (did) (did net) M.D. A P M.AME of CEMETERY at C	20A. AUTOPSY? (Ye in ar about 21C. WHERE office bldg., INJURY OCC 21F. HOW D hile th 219 View the body ofter of Altending Med. Director Altending Med. Director	DID (If in Baltime CERTIFYING COUR? DID (If in Baltime CERTIFYING COUR? 19 5 to	E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact lacation) Sept 22 19 6 pinion deoth occurred on the 238. DATE SIGNED Sept 22 190 City, town, or county) (Sto
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HOLLYWOOD MEMORIAL GARDENS HO
E OF REGISTRAR 24C. FUNERAL DIRECTOR

HOLLYWOOD, FLORIDA ADDRESS

LEONARD J. RUCK, INC., BALTO., MD. 21214

REMOVAL (Specify) BURIAL

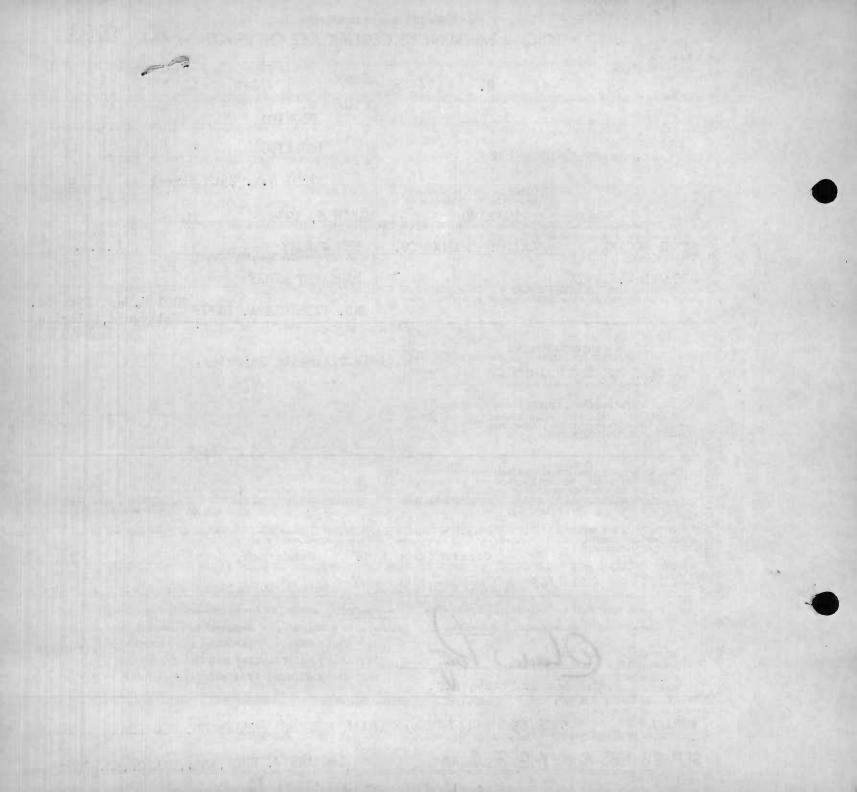
24A. DATE REC'D BY HEALTH DEPT.

28/65

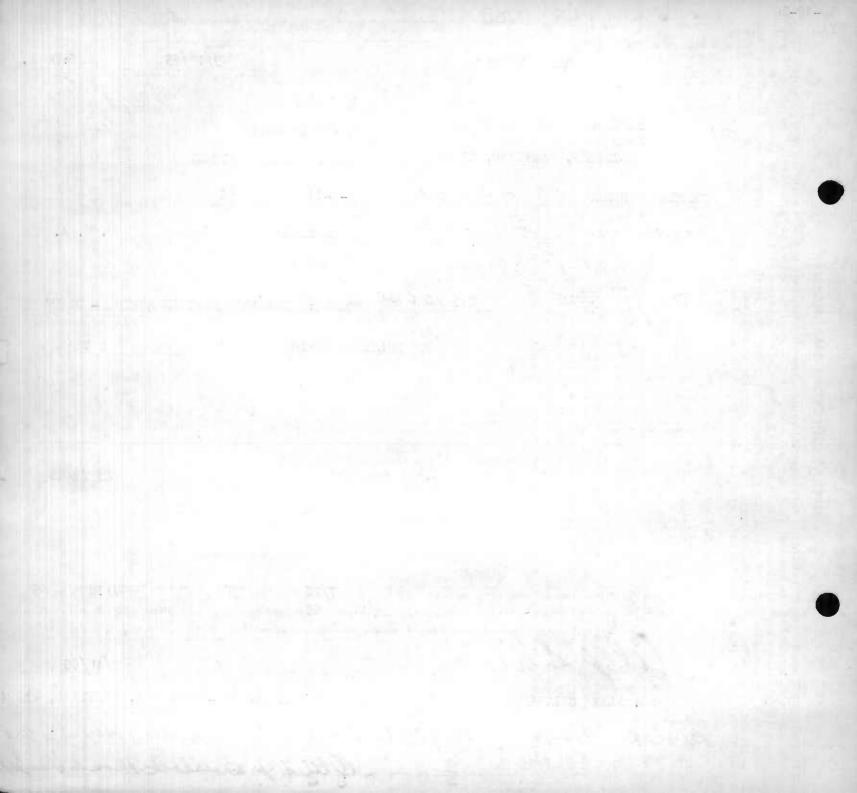
Robert E. Farley M.S.

248, NAME OF REGISTRAR

WINABBOOO



38-10-20		BALTIMORE CITY HEALTH DEPARTMENT Regist	rered NG5 9785
YAL DED OF		RTH NO. CERTIFICATE OF DEATH Regist	ered Ne
l and death death on the Such	1.1	NAME OF DECEASED 2. DATE AND HOUR (
de de con		PEARLINE WINFIELD 9/	/18/65 6:00 A.M.
	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased A, STATE B, COUNTY	d lived. If institution: residence before odmission)
S ~ 0		FULL NAME OF (If not in hospital or institution, give sheet MARYT.AND	1 Laufard
a ho cause se; (5 andan to de			mits, write RURAL and give township)
	-11	BALTIMORE CITY HOSPITAL HAVRE de GRACE	(Oct 21)
ting d cau	2	4940 EASTERN AVENUE	
ar ar	9 =	BALTIMORE, MARYLAND, 21224 312 WASHINGTON STRE	
occurre ontribut ermined regular	E S.	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In tost birthdo)	yeors If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
occur ontrib ermin regul	10	FEMALE NECRO Scion Selection 8-8-11 54 A USUAL OCCUPATION Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	DO CONTENT OF
	E dor	one during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
o ro	i s	Forcierre Housewese MARYTAND FATHERS NAME 14. MOTHERS MAIDEN NAME	U. S. A.
if d ect 4) U wa the	50 13.	FATHER'S NAME	
# # (4) 4 F	disposition 13	John Brown adline J.	aylor
TAN: istant the di kind; death	15. (Ye	. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
RTA ssist the the ded	final	20 15-6265	ASTERN AVENUE - 21224
A # ~ TO 0	or f	18. CAUSE OF DEATH	INTERVAL BETWEEN
MPC his of an of an	70	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	alme	LEADING TO DEATH (A) MULTIPLE MYELOMA	5 YEARS
	-	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
OR: niner ner. actu	E P	injury or complication which coused death,)	
xamin camine A frac who p		ANTECEDENT CAUSES (B)	
X X X	are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	
DIRECTOR: cal examiner al examiner. s; (3) A fractu	ains	UNDERLYING CONDITION Iosi.	***************************************
	. a.		
med medic burr burr hysi	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	07 757 70
	CA1	DISEASE OR CONDITION CAUSING IT. HYPERTHYROIDISM 19A. DATE OF OPERATION [19B. CONDITION FOR WHICH OPERATION [20A. AUTOPSY? (Yes. of No.)] 20B. IF Y	23 YEARS
FUNER ne chief r by a m 2) Body	re the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YELLOW IN CERT	
by control	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	in Boltimore City, give exact location)
	befor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
spital ure; (whe		21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCU	182
osp pt (6)	A A	OF INJURY (APPROX.) While At Not While	, n.
proved the hosen ny nate except and (6	- ta	Work At Work	0/10 65
	opt	22. I certify that (I) (this hospital) attended the deceased from 7/26 19 63	9/18 19 65
of of o	pe	that (I) (we) lost saw the deceased alive on 9/17.19.65 and that in (my)	(our) opinion deoth occurred an the dote
it be a tent of ent of spital	- 11	and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after deoth.	
de de de de	must	23A. SIGN ATURE	23 B. DATE SIGNED
The see	0	Ally Alverture M.D. Attending Med. Stoff Phys. X	9/18/65
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0	23 C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS	
was r An a	pprov		BALTIMORE, MARYLAND, 2122
E O S	0 24	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
bod NS:	0	Burial 9/22/65 asbury methodist Com. Churc	hville, Harford Co. M.
This celthe bocsshows:	Te 125	SA, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR	ADDRESS
### ¥ ₽	3	SEP 23 1965 Robert E. FarleyM. Otelia & Br	Clack Have de França
	VS	s 150-REV. 1/1/65	



21E. INJURY OCCURRED

Inspection x

Fisher.

23C. NAME of CEMETERY of CREMATORY

NOT WHILE

Autopsy

Sulcide

M.D

MHILE AT

Accident

24B, NAME OF REGISTRAR

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED

and that an this basis, death in my apinion

Undetermined manner

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact lacation) hame, form, factory, street, office bldg., INJURY OCCUR?

Homicide

M.D. ASSISTANT MEDICAL EXAMINER

24C, FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

21F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER X

23D. LOCATION

IN CERTIFYING CAUSES OF DEATH?

DATE SIGNED

(Stote

9-20-65

(City, town, or county)

DISEASE OR CONDITION CAUSING IT.

(Manth)

(Doy)

I certify that I held an Inquiry

resulted fram: Natural causes X

23B. DATE

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-

ACTUAL

23A. BURIAL CREMATION.

REMOVAL (Specify),

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S NAME (Type)

21 D TIME

OF INJURY

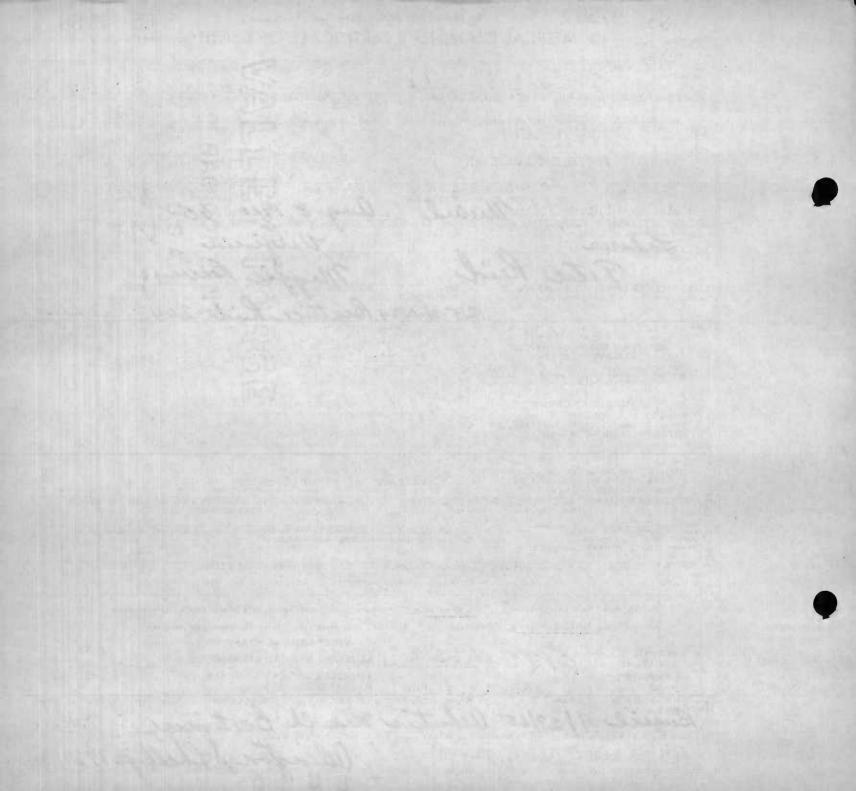
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION

(Yeor)

(Hour)

WAS PERFORMED

CERTII



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Human

Hour Sym

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2 (LACE OF DEA	MEAD	MORE MARYLA	VINA			institution: residence before admission)
F	FULL NAME OF		hospital or ins	stitution, give street	MARYLAND	OUNTY	Balt
	NSTITUTION	C	or tocation)	alian to put	BALTIMOR		E #8
0	ST.	AGNES	HOSPITA	ALA	D. STREET ADDRESS	(If rural, give location)	L #0 5
1					1	STERSTOWN R	D.
5. S	EX	6. RACE	7. A	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. If Under 24 Hrs.
F	EMALE	WHI	TE Y	VIDOWED PINORCED (specify)	8-12-89	tost bintidoyi	Months Doys Hours Min.
				KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	during most of w	seech!	en if relired)	Home 1	MARYLAND		WHAT COUNTRY?
13.	FATHERS NAN	laner	vn "	3	14. MOTHER'S MAIDEN	NAME	
15, 1 (Yes	Was Deceased	Ever in U. S.	Armed Forces?	service) 1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	200	no	n	JECOKIII NO.	ST. AGNES	RECORDS-CAT	ON & WILKENS AVE
	18. 221	× I	-	CAUSE O	F DEATH		INTERVAL BETWEEN
			TON DIRECT	LY THE STATE OF TH	1 0 11	1	ONSET AND DEATH
		LEADING TO	D DEATH made of dyin	(A) (C)	rebeat the	monhage	2 days
	heart failure,	asthenia, etc.	. II means the	disease,			
		NTECEDENI	ch coused deal	(B)			
	110000		ONS, if any,	DUE TO	**************************************	. }	<u>*************************************</u>
		above co	ause (A) slat		30000000000000000000000000000000000000		
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NTION	TO THE DE	EATH BUT	DITIONS CONT	RIBUTING TO THE			
IIFICATION	OTHER SIGNIF TO THE DE DISEASE OR OF	EATH BUT	NOT RELATED	TO THE	20 A. AUTOPSY? (Yes	or No.) 208. IF YES, WERE	FINDINGS CONSIDERED
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CERTIFIC	TO THE DEDISEASE OR OF DESCRIPTION O	OPERATION	NOT RELATED CAUSING IT. 19B. CONDITION WAS PERFORM DERLYING	TO THE			FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact facation)
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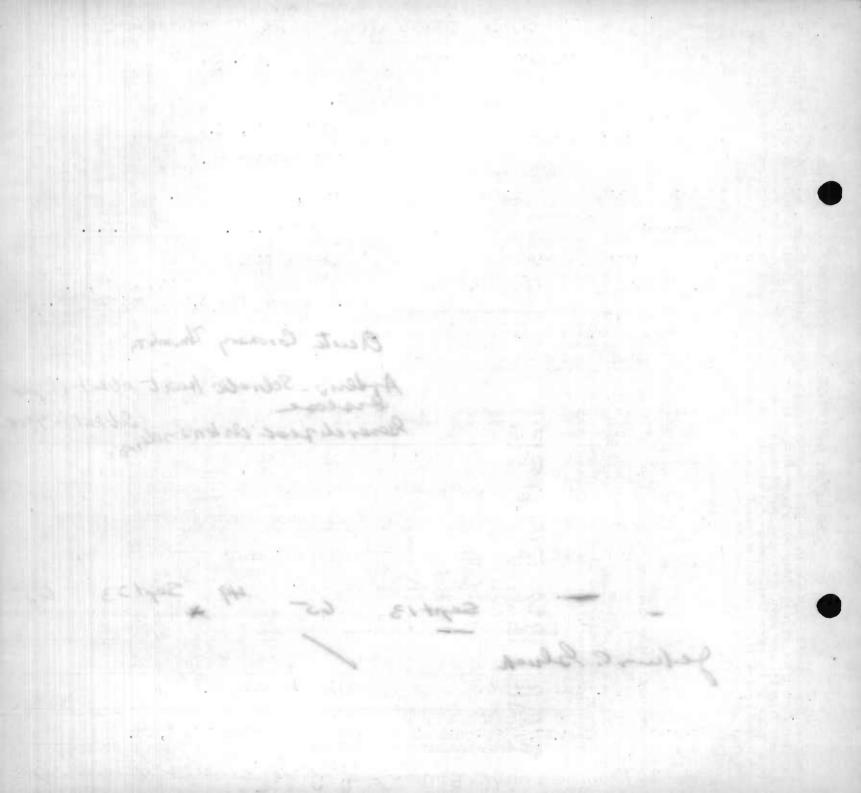
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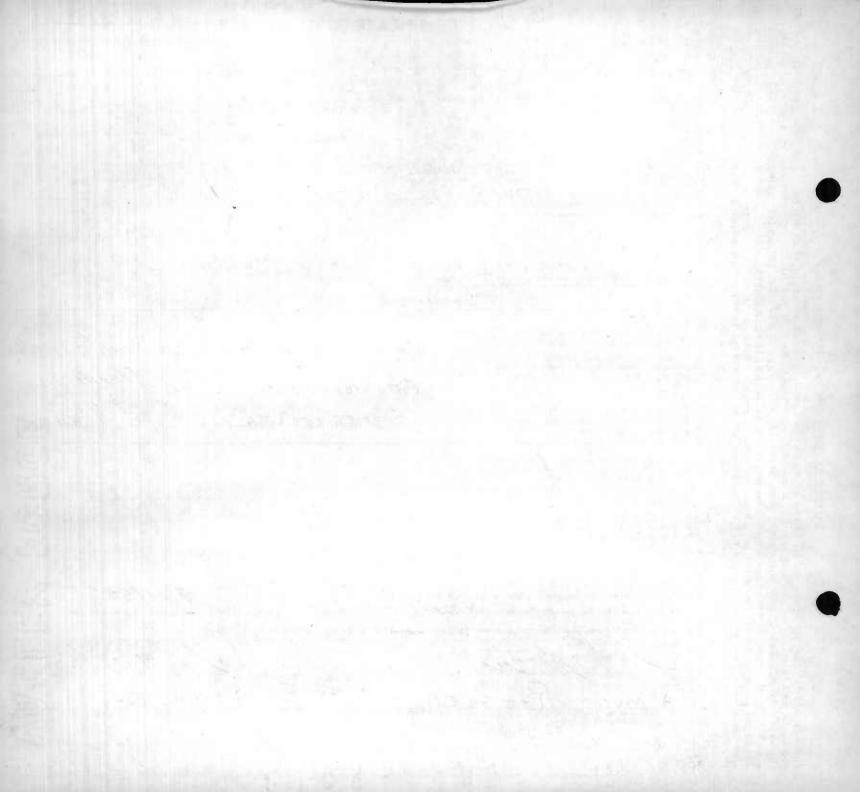
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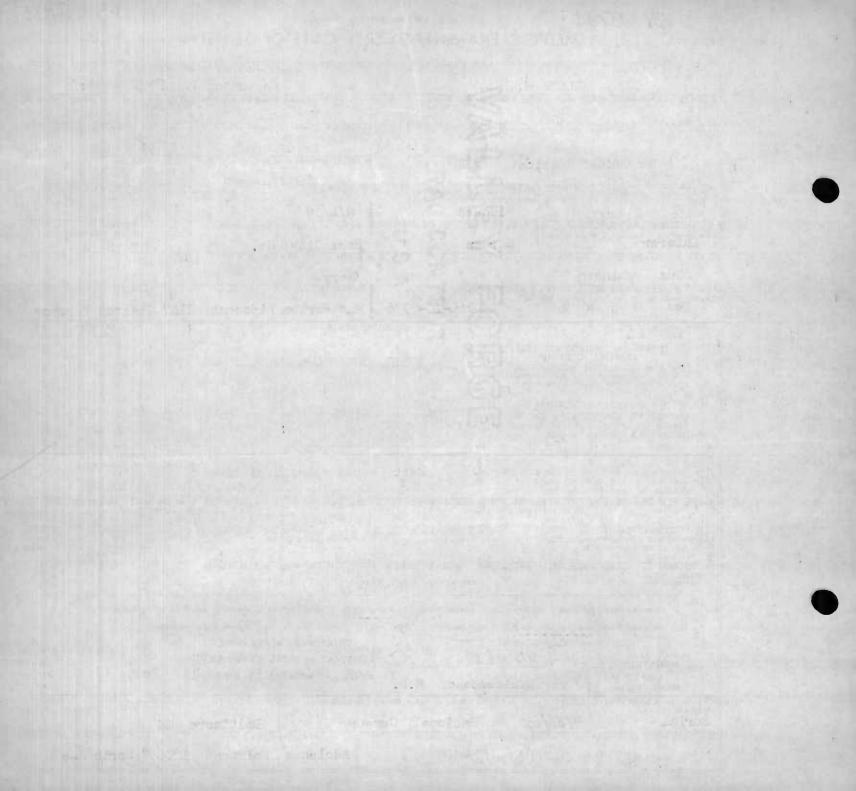


PLACE OF I FULL NAME HOSPITAL O INSTITUTION	DEATH IN BALTIMORE, MAR	MARY (1)	CERTIFICA LASCIA)	4. USUAL RESIDENCE (Who A, STATE B. COUR	USA	institution: residence before admis
C.	NURCH NOME	+ HOSPITA	Commence of the commence of th		rurol, give location)	
SEX	BALT. MOL	7. MARRIED, NEVE		B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months; Doys Hours; Mi
F DA. USUAL OC	CCUPATION (Give kind of work)	WIDOWED, DIVO	>	6 - 4 - 90 11. BIRTHPLACE (State or fore	75	12. CITIZEN OF
	of working life, even if retired)	j.		ITALY.		WHAT COUNTRY?
3. FATHER'S N				14. MOTHERS MAIDEN NA	ME	
. Was Deceases, no ar unkno	sed Ever in U. S. Armed Love own) (If yes, give wor or dofes	A Variable Service) SE	CIAL CURITY NO.	JUERESA 17. INFORMANT JOSEPH V. ALASC	10 179E	ADDRESS
18. 20	60×+13.	7 X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	EASE OR CONDITION DIRE LEADING TO DEATH	ECTLY	m	the -usacul	10-1	7 mes
héort foilu injury or c	s not meon the mode of tre, asthenia, etc. II means camplication which caused ANTECEDENT CAUSES	the disease, death.)	(B) and O	acording;	Euronaprio Cecusiona 28	egulan yeans
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Carrette where - was contain 517 DERNEUN ST 56 16-8-3 Children James 2-11-5 To the second state of the TREASON CHENCH STREET VINCENT ERMONDO 2000

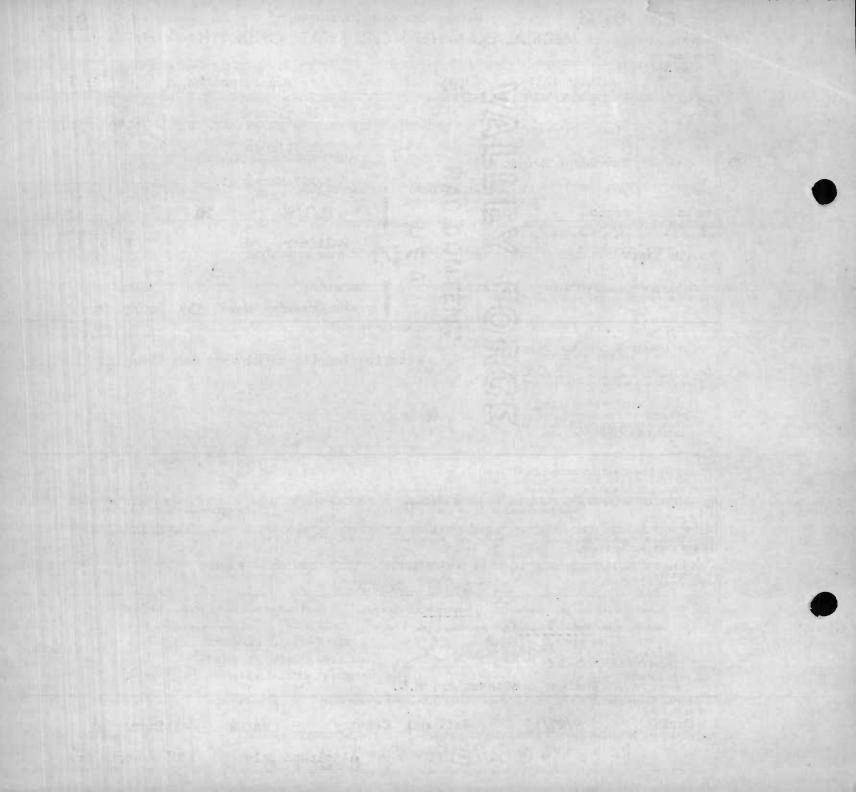


	TH NO.	WED	ICAL EX	AMINER 5 C	EKTIFICAT	E Or L	JEAIH Registe	ered No	
$\overline{}$	E. CASE NO.	EASED				2 DATE ANI	D HOUR PRONOUNC	ED DEAD	
(Type or Print) WILLIE ROBINSON							ember 17, 1	The second second	8 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESID		deceased lived. If inst	itution: residence before	
THE NAME OF STREET AND HOUSENESS OF STREET			A. STATE Ma	ryland	B. COU	INTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)			C. CITY OR TOV	/N (II autside	corporate limits, write	RURAL and give town	ship)		
1	,		1		Baltimore /4-0/				
Provident Hospital			D. STREET ADDR	ESS (If rural,	give location)	-			
4						3 Press		RESSIMAA	
5. :	SEX	6. RACE		NEVER MARRIED DIVORCED (specily)	B. DATE OF BIRTH	1	9. AGE (In years last birthday)	Months, Days Hau	der 24 Hrs.
	male	negro	Wido		8/4/19	1.77	46		
	e during most of w	PATION (Give kind of wor rorking life, even if retired)	KIOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State of foreign	n country)	12. CITIZEN OF WHAT COUNTRY	?
	Laborer		Gard	en	Race Ci			USA	
13.	FATHER'S NAM			1725	14. MOTHER'S M.	AIDEN NAMI			
1 =		Robinson	FORGRES	A STATE OF THE STA	Mary			A D D D D C C	
	s, ng or unknown)	O EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT			ADDRESS	
	les	W W 2		266-10-9336	Mrs Ber	tha Lip	scomb 2147	Chelsea Ter	race
	1B. 4490	V		CAUSE	OF DEATH	9	7	INTERVAL ONSET AN	
	DISEAS	E OR CONDITION DI						ONSE! AN	O DEATH
	(This does n	LEADING TO DEATH			pneumonia	,			•••••
	heart failure,	ot meon the mode at asthenia, etc. It means application which coused	the disease,	DUE TO					
		DR CONDITIONS, IF A		(8)					
	RISE TO THE	E ABOVE CAUSE (A) S		505 10				TOTAL STREET	
Z		io contonion tasi,		(C)		***************************************			
CERTIFICATION		II							
2	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE		IG Fatty	metamorph	osis of	liver		
F	DISEASE OF	CONDITION CAUSING		WILCH OPERATION	Took AllToneye		000 te vec weer etc	USINGS CONSIDER	
CE	DATE OF	WAS PER		WHICH OPERATION		(Tes of No)	IN CERTIFYING CAUS	NDINGS CONSIDERED	
7	21 A. EXTERNAL	CAUSE WAS	21 B. 1	PLACE OF INJURY (e.g.,	Yes	HERE DID	Yes If in Boltimore City, gi	ve exact location)	
EDIC	UNDERLYING DITING CAU		home,	lorm, foctory, sheet, o	office bldg., INJURY	OCCUR?	,,		
ME	21D TIME		r) (Hour) 2	IE. INJURY OCCURRED	215 46	OW DID INJU	IDV OCCUP?		
	OF INJURY	(Manth) (Doy) (Yea			WHILE -	VW DID 11430	oki occok:		
	22.		m. V	ORK AT W	ORK				
		ify that I held an I	nquiry 🗌	Inspection Aut	apsyXX and	that on thi	s basis, deoth in m	ny opinion	
	result	red from: Noturel co	uses XX A	ccident Sylid	e Homici	de 🗌 L	Indetermined manne	er 🗌	
		1/0/1	1 3		CHIEF MI	EDICAL EX	AMINER _	DATES	CHED
	SIGNATI		Sul	Muly	ASSISTANT MI	EDICAL EX	AMINER EX	DATES	IGINED
	EXAMIN NAME (1	ER'S Pridiger	Breiter	necker, M.D.	ASSOCIATE M	EDICAL EX	(AMINER]	Sept. 17, 19	965
	MOVAL (Specify		230	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	tawn, ar county)	(State)
	Burial	9/23/	65	National Ce	metry	R	altimore Mo	1	
24	A. DATE REC'D	BY HEALTH DEDT	DAD NIABAE	OF DECISEDAD	24C, FUNERA		LOLINOI C MC	ADDRESS	
		SEP 24 1965	Robert	TE. Farkey M. D	Adolph	nus Ha	lstead 1206	6 W North Av	е
VS	151-REV. 1/1/6								1



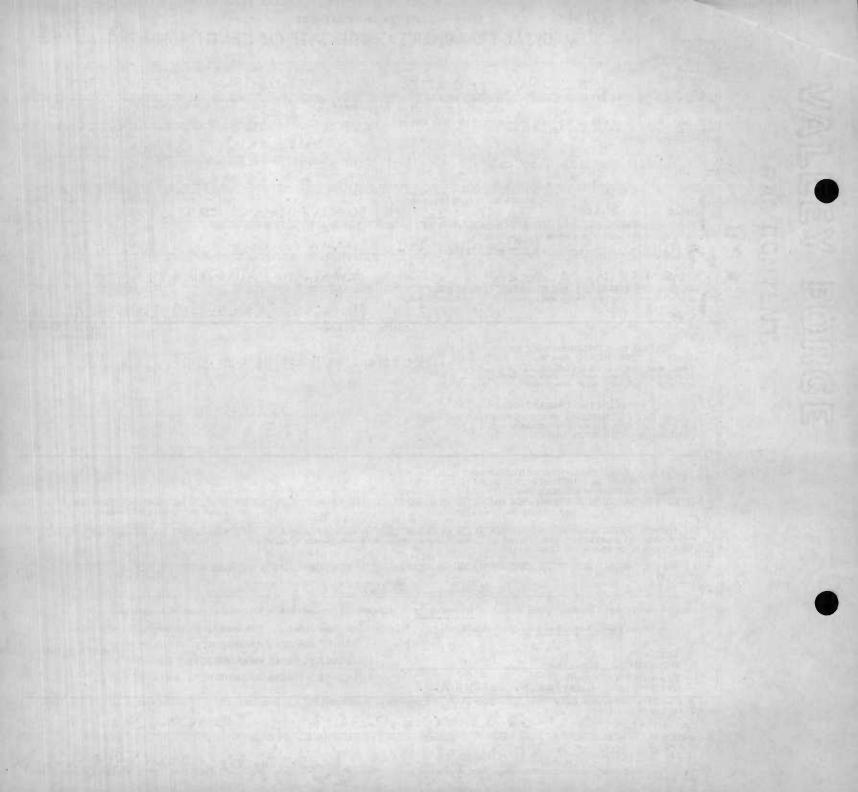
MEDICAL EXAMINED'S CEPTIFICATE OF DEATH Projected No

BIKIH NO.	MED	CALE	MMIINLK 3 C	LATITICATE	OI DLAIII.	agrancied itu		
M.E. CASE NO.								
1. NAME OF DEC	JAMES LI	VELY	(H)	2. [September 22		2:25	
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	E(Where deceased lived	B. COUNTY	dence before odmissi	
THE NAME OF THE HOLD IN TOTAL OF THE TOTAL OF THE				Mary	land			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN	(If outside corporate lim	ts, write RURAL o	and give township)		
NOITUTITZNI				Balt	imore	11-	01	
Provident Hospital				(If rural, give location)	-			
				527	Moore C+			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	Moore St.	years If Unde	r 1 Yr. If Under 24 H	
male	2000	WIDO WED,	DIVORCED (specily)			Months	nths Doys Hours Min.	
	negro	TOB. KIND OF	BUSINESS OR INDUSTR	11/1/9	94 70 a or foreign country)	12. CITIZ	FN OF	
done during most of w	vorking life, even if retired)		BOSINESS OR INDOOR			WHA	AT COUNTRY?	
Unemal	Loyed	100		Baltimon		U	S A	
3. FATHER'S NAM				14. MOTHER'S MAID	EN NAME			
			?			?		
	O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S	
				MRs Queer	nie Ward 53	9 Moore	St	
1B. , /	31.		CAUSE	OF DEATH			INTERVAL BETWEEN	
RISE TO TH UNDERLYIN VOIL VOITHER SIGN TO THE DISEASE OF	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	CONTRIBUTII	HE					
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O UNDERLYING		21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C, WHE office bldg., INJURY O	RE DID (If in Boltimore CCUR?	City, give exact I	ocotion)	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	TE. INJURY OCCURRED WHILE AT NOT AT W	WHILE ORK	DID INJURY OCCUR?			
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rosul	ted from: Natural ca	usesXX A	Suicld			monner		
ACTUAL		2014	arux "		CAL EXAMINER CAL EXAMINER		DATE SIGNED	
EXAMIN NAME (ER'S	Breiter	necker, M.D.		ICAL EXAMINER		22,1965	
23A. BURIAL CREA	MATION, 23B DATE	23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION	(City, town, or	county) (Stote)	
Burial	9/27/	65	National C	emetry	##### F	altimore	Ma	
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL			ADDRESS	
	SEP 24 1965	Robal	b. g. talkymil	Adolphus	Halstead]	206 W Nor	th Ave	
VS 151-REV. 1/1/	65							



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 9794

IKIH NO.	MILUI	CAL L	MMIIATK 2 C	LKIIIICAIL	JI DLA III Kegisiei	100
M.E. CASE NO.	CEACED			In -		20.00.00
. NAME OF DEC		1	- MIRTIER		TE AND HOUR PRONOUNCE	
PLACE IN BALL	HENRY /		7 MUELLER		September 23, 19	tution: residence befare admission
TEACE IN BALL	IIIIOKĘ MAKILAND, W	HERE FRONUI	SITCED DEAD	A. STATE Mary 1a		NTY
JLL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		outside carporate limits, write	RURAL and give township)
STITUTION	ADDRESS OR LOCA	(11014)		Baltin	M .	
Toh	na Honleina Ho	anital		D. STREET ADDRESS (d-
Jon	ns Hopkins Ho	spital			. Kenwood Avenue	2
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr
Male	White		DIVORCED(specify)	10-31-19	lost birthdoy)	Manths Doys Haurs Min.
			F RUSINESS OR INDUSTR	11. BIRTHPLACE (Stote of	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	12. CITIZEN OF
one during most of	working life, eyen if retired)	_				WHAT COUNTRY?
SHIPP.	ALL CLERK	Cro.	THING IND	MARYLE 14. MOTHER'S MAIDEN	NAME	U-S.A.
16	- · · · ·				1. HOFMEIST	
	D EVER IN U.S. ARMED	FORCES?	16, SO CIAL	17. INFORMANT	1. FIGHWEIST	ADDRESS
	(If yes, give wor or dote		SECURITY NO.	Ou la	o lin in mir	
No				444 - Marie	6. Winer - 11:	N. Kenwood a
1B. 44	3 1		CAUSE	OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI					
(This does	LEADING TO DEATH		(A) Hyper	tensive Heart	Disease.	
heort failure	not mean the made of , asthenia, otc. It meons mplication which caused	the disease,	DUE TO			
Injuly of car	inplication which coosed t	ueom.,				
	ANTECENDENT CAUSE		(B)			
RISE TO TH	OR CONDITIONS, IF A	NY, GIVING	DUE TO			
	NG CONDITION LAST.		(C)			
	"	700	{ \			
OTHER SIGN	II NIFICANT CONDITIONS DEATH BUT NOT REI	LATED TO T				
	R CONDITION CAUSING	Control of the second	WHICH OPEN TION	LOGA AUTOBOY2 (V	- N. YOUR IS USE WERE SID	NOW CONCIDENT
I IYA. DATE OF	OPERATION 19B, CON		WHICH OPERATION	No	ar No) 208, IF YES, WERE FIN IN CERTIFYING CAUS	
21A. EXTERNA	L CAUSE WAS	21 R	PLACE OF INJURY (e.o.		DID (If in Boltimore City, gir	ve exact location)
UNDERLYING	OR CONTRIB-	home etc.)	, form, factory, street,	office bldg., INJURY OCC	UR?	over incurous
21D TIME OF INJURY	(Manth) (Doy) (Year	Hour) 2	TE. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	THE RELLEGIO
(APPROX.)		m	WHILE AT NOT	WHILE		
22.						
cer	tify that I held an I	nquiry			an this basis, death In m	ny opinian
resul	ted from: Natural car	uses X	Accident) Suicid			or 🗌
407111					AL EXAMINER	DATE SIGNED
SIGNAT		ulio J	1 city M.D	ASSISTANT MEDICA	AL EXAMINER X	9/23/65
EXAMIN NAME (IER'S	s S. Pet	ty, M.D.	ASSOCIATE MEDIC		9/23/03
A. BURIAL CRE	MATION, 238, DATE	23	C. NAME OF CEMETERY	er CREMATORY	23D. LOCATION (City,	town, ar caunty) (State)
BURIE		1 705	ORRAINE	Dr. CEM	BALTO.	aM.
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIR		ADDRESS
SEP 2	4 1965 ()	0 00	La Orce M. A.	The TO	Ju 00 233	4 Ollan - 1
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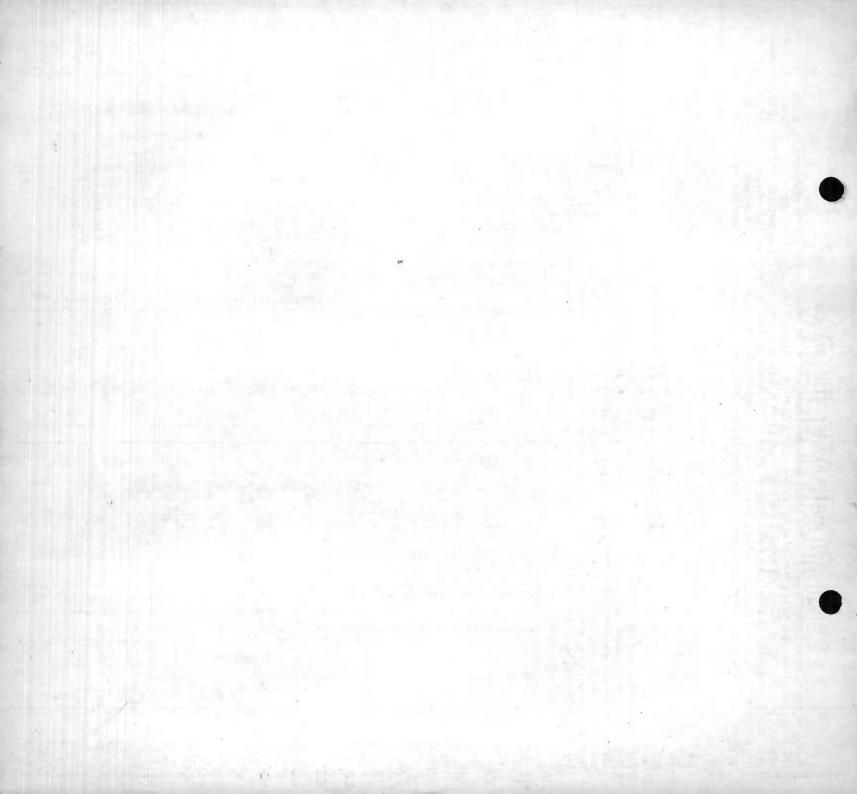


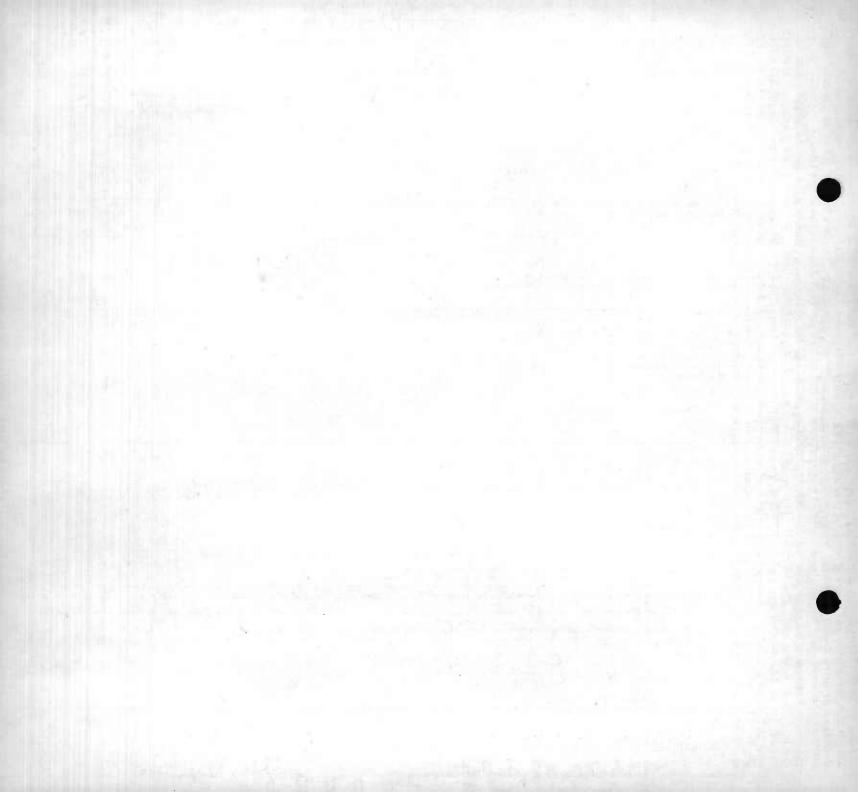
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65





DIRECTOR:

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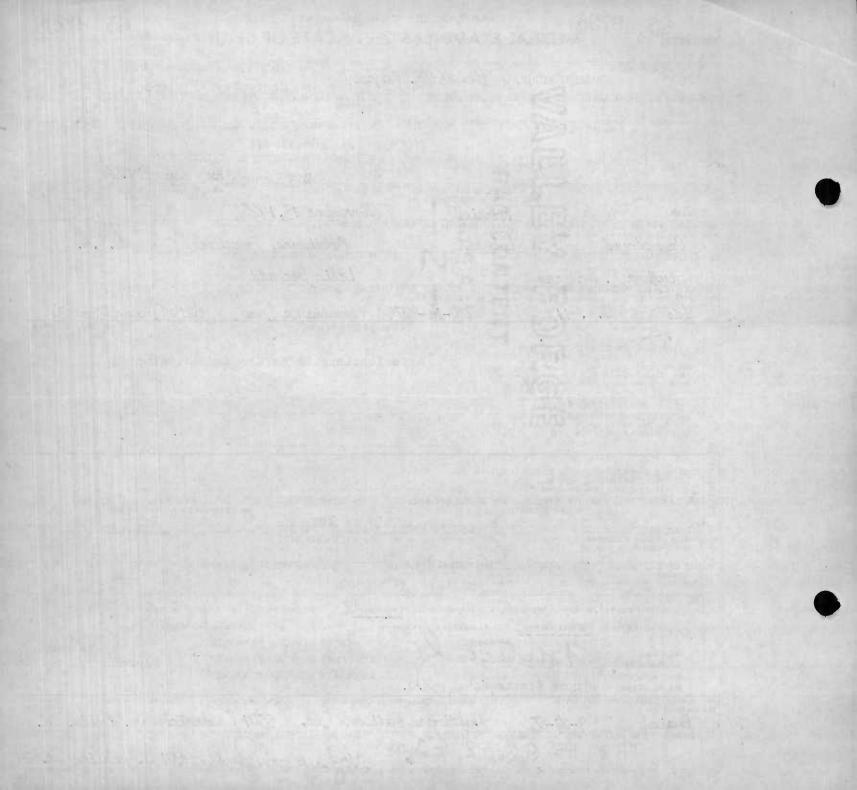
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THE PARTY

Carrier and Jones, Jones St. Company

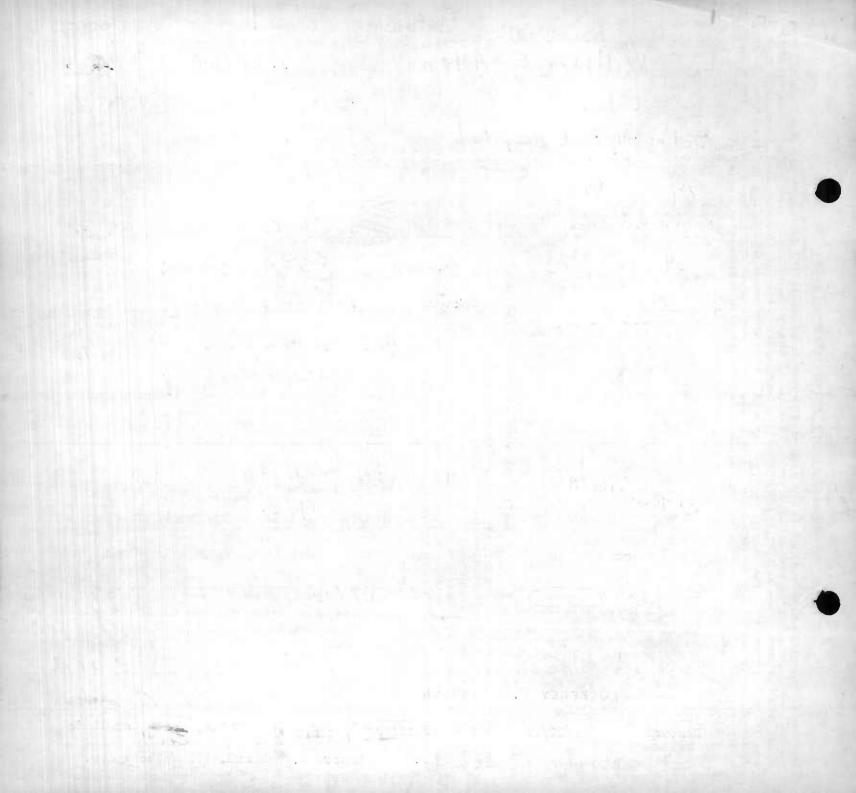
1	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 9798
M. 260	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
7 7.00	1. NAME OF DECEASED (Type of Print) ROBERT MCCRAW (Robert E. Mc roll) 2. Date and Hour Pronounced Dead
	September 22, 1965 3:50 Am. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If in stitution: residence before admission) A. STATE Manyland
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore Maryland C. CITY OR TOWN (If autside carporote limits, write RURAL and give township) Baltimore
9.	Baltimore City Jail D. STREET ADDRESS (If rural, give location)
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
	male white Married November 15, 1926 as birthdoys Manths Doys Haurs Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dane during most of working life, even if retired) Laborer Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S. A.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lelia Beckett
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war ar dotes af service) 16. SOCIAL SECURITY NO.
	Yes W.W. 11 220-14-9279 Annette Mc Craw 6214 Copore Way #24
	CAUSE OF DEATH CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH Arteriosclerotic cardiovascular disease
	(This daes not meon the made of dying, e.g., head failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT DELATED TO THE
	L DISEASE OF CONDITION CALISING IT
	TO SEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes at No.) 208. IF YES, WERE FINDINGS CONSIDERED 100. CERTIFYING CAUSES OF DEATH? Yes Yes
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact lacation) home, form, factory, street, affice bldg., INJURY OCCUR?
	21D TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY (LAPPROX.) WHILE AT NOT WHILE
	m. WORK AT WORK
	Certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my opinion resulted from: Natural Courses X Accident Suicide Homicide Undetermined monner
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER September 22, 1965
	NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Burial 9-24-65 Baltimore National Cem. 5501 Frederick Ave, Balto. Md.
	SEP 2 4 1965 Robert E. Farbert Loharles S. Feiler 901 S. Conkling St. #24
The state of the s	VS 151-REV. 1/1/65



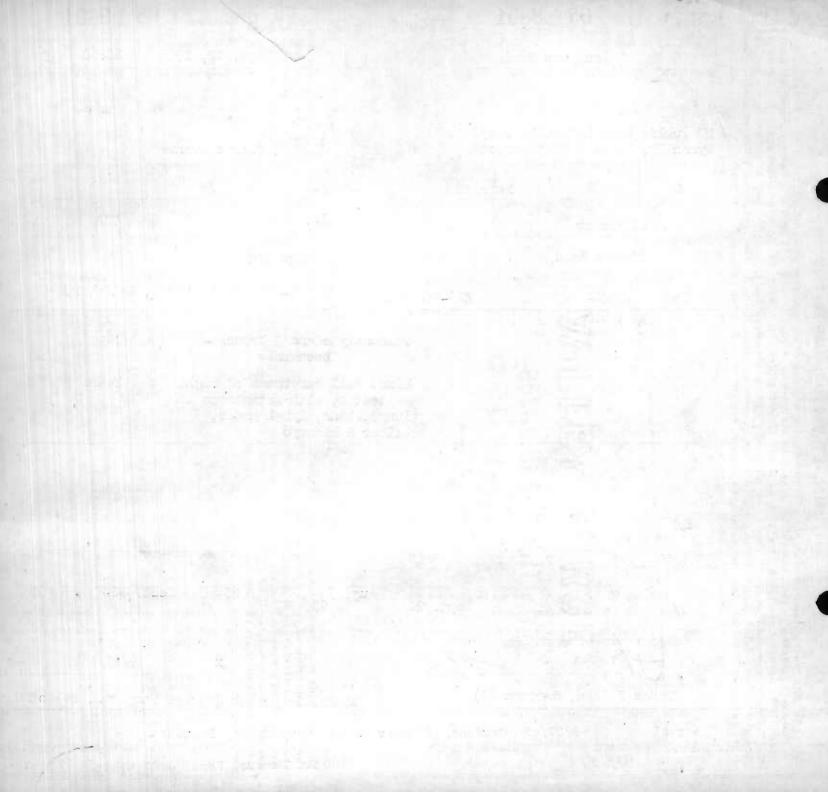
	OP10	BALTIMORE	JITY HEALTH DEPA	RTMENT	1	CE 02/00
IRTH NO.	65 978	CERTIFIC	CATE OF D	EATH	Registered No	. 00 9/33
A.E. CASE NO.	SED			2. DATE A	ND HOUR OF DEAT	H
Type or Print)		RLAND REYNOLDS			pt. 22, 196	
PLACE OF DEATH	H IN BALTIMORE, MA	RYLAND		IDENCE (Wh	ere deceased lived. If	institution: residence before admission)
	>	The state of the s	A. STATE	B. COU	INTY	1/43
FULL NAME OF	oddress or locatio	or institution, give street	C. CITY OR TO	a.	A.14 - 14 - 15 - 14 - 15	e RURAL and give township)
US Public	Health Serv	vice Hospital		inches		e KOKAL ond give township)
	Drive & 31s		D. STREET AD	DRESS (I	f rurol, give location)	
119 2120021 2.2.6	21-10 00 /	The Areas	5	53 N.	Louden St.	
. SEX 6.	RACE	Z. MARRIED, NEVER MARRIED	8. DATE OF BIE	RTH .	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
М	W ."	Single (specify)	8/2/26		lost birthdoyl	Months Doys Hours Min.
	ATION (Give kind of wor king life, even il retired)	108, KIND OF BUSINESS OR INDUS			reign country)	12. CITIZEN OF WHAT COUNTRY?
AB		Seafarer	Va.	1		USA
FATHER'S NAME			14. MOTHER'S	MAIDEN NA	AME	
Harry	Branson Re	ynolds	Jess	ie Farn	er	
	er in U. S. Armed Fo		17. INFORMAN	3.0	4	ADDRESS
(es, no or unknown)	yes, give wor or dote	es of service) SECURITY NO.	Hart Spector 1		OTTO TI - C LI - TI	
None		227-22=1177	3	3- US P	no Hospital	, Balto, Md.
18. (()	(CAUS	E OF DEATH		8-30-1-1	INTERVAL BETWEEN
	OR CONDITION DI	RECTLY	701 al 1	1 . W	1 -1:	The al
	ADING TO DEATH	(A)	Mark	the or	1 an grace	1 5 /10000
	mean the mode of thenia, etc. It means				l'aligner	7
	cation which coused		Exect.	.000	are.	- I Mouth
AN	TECEDENT CAUSES	(B)	Clorect	201 0		
DISEASES OR	CONDITIONS, if					
rise to the	abave cause (A)			*****		
UNDERLING	CONDITION lost.					
Z	11					
TO THE DEA	TH BUT NOT REL	ATED TO THE				
	PERATION 1198. CON	IT. NDITION FOR WHICH OPERATION	20 A. AUTOB	syr (Yes or h	(a) 208 IF VEC WEED	E FINDINGS CONSIDERED
19A. DATE OF O	WAS PER		V	9	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.	g, in or obout 21 C. V	VHERE DID	(If in Boltime	ore City, give exact location)
OR CONTRIBUTE	NG CAUSE OF	home, torm, foctory, stree	, office bldg., INJUF	Y OCCUR?		
)						
OF INJURY	Month) (Doy) (Year)			OW DID IN	IJURY OCCUR?	
(APPROX)		While At Work At W	While /ork			
22 1	or (h) (this hassies	I) attended the deceased from	June 18		19 65 to S	Sept. 22 19 65
22. I Certify th	or yt/ (this nospito	Sent 22	15/ 6	5	.17	pinion deoth occurred on the do
that (1) (we) la	st sow the deceos	ad alive on Depu. 22	19 19 U	ond t	that In(my) (aur) o	pinion deoth occurred on the do
		red obave. (1) (We) (did) (did/no	y view the body	ofter deoth	•	
23A. SIGNATURE		Ma				23B, DATE SIGNED
	Comos	M.D.	Attending Phys.	Med. Director	Stoff Phys.	7/22/5
23C. PHYSICIAN NAME (Type		WID AD NUP	23D. ADDRESS			Hospital Ralto Md
_	- ININK	ション ローマンマング	LD. US PUBL	re near	r our per vide	Hospital, Balto, Md
REMOVAL (Spe	ATION, 248. DATE	24C. NAME of CEMETERY or	CREMATORY	24D.	LOCATION	City, town, or county) (Stote)
Burial	0_25_	65 Gravel Spring	70	TP.	edenials Co	Vincinia
SA. DATE REC'D B'	HEALTH DEPT.	25R. NAME OF REGISTRAR	25C. FUNER	AL DIRECTO	ederick Co.	VITOINIA // ADDRESS
SEP 24	1965 (0.0.	& E, Farley M.A.	501	1.,	177	E11 4 6,1
		M. C. CONSERVING		11/2 . 421	60/6 -	12/110011 6619
S 150-REV. 1/1/65	1000 House	D. E. Mangeri, w.	1.6 17	19 int	20/1000	Minchester Vander

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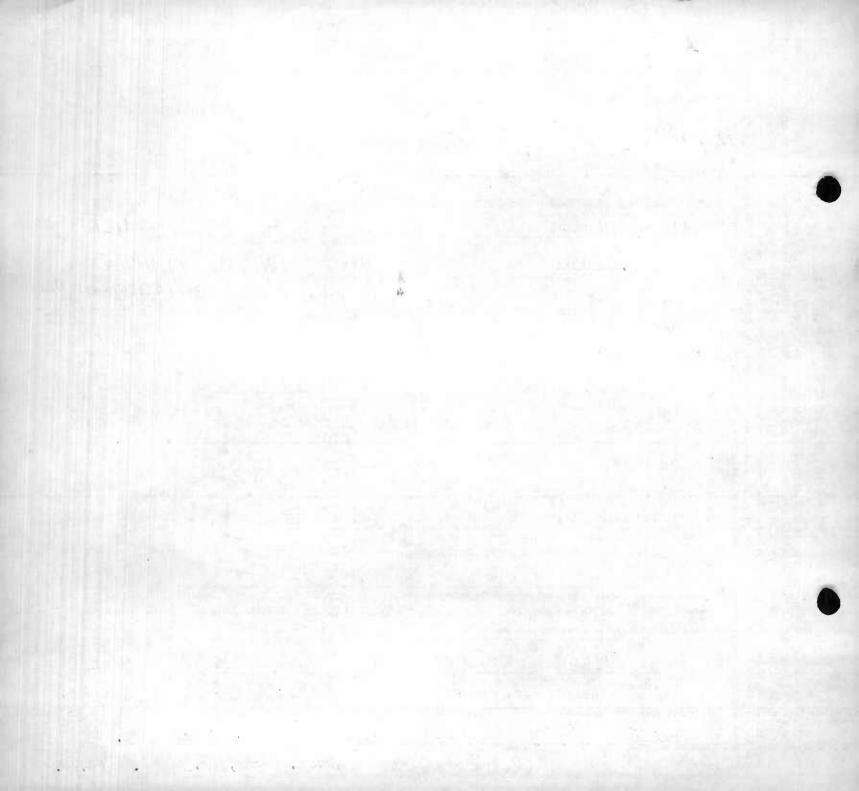
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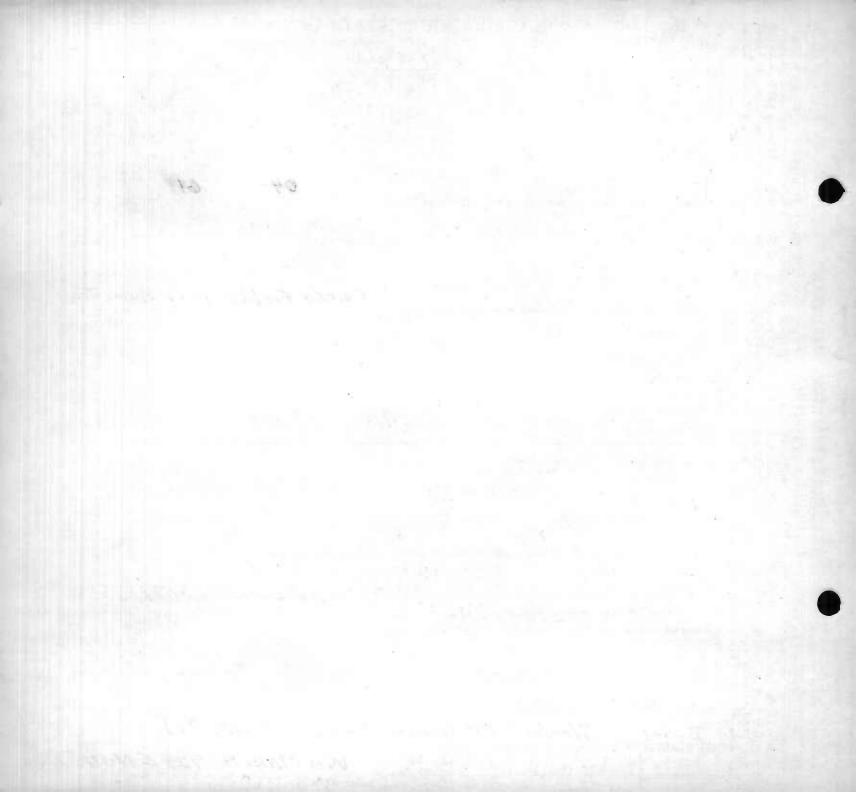
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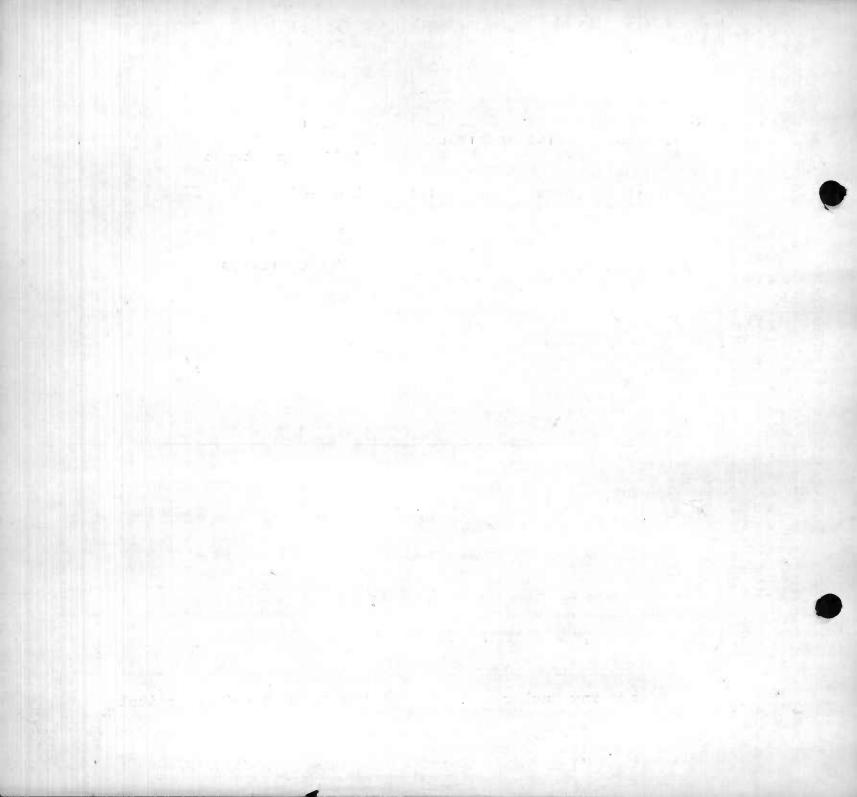
FUNERAL DIRECTOR:

VS 150-REV, 1/1/65



FUNERAL DIRECTOR:

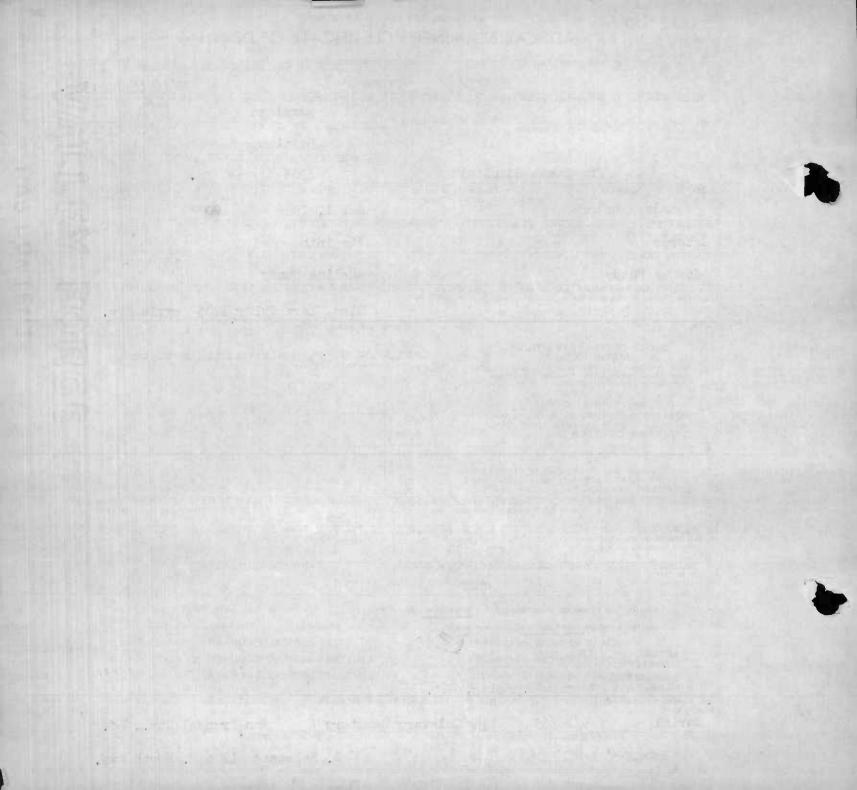




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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 9805

MATERIA NO.	ICAL EXAMINATION	CLITTICATE	OI DEATH		
M.E. CASE NO. 1. NAME OF DECEASED		12.	DATE AND HOUR PRONOUNCE	CED DEAD	
(Type or Print)	BESSIE TY				
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDEN		titution: residence before admission	
FULL NAME OF (IF NOT IN HOSPIT. HOSPITAL OR ADDRESS OR LOCA	C. CITY OR TOWN	(If outside corporate limits, write	te RURAL and give township)		
			timore	1100	
Providen	nt Hospital		s (If rurel, give location) 5 Argyle Avel		
SEX 6. RACE 7. MARRIED, NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr, If Under 24 Hr	
female colored	WIDOWED, DIVORCED (specify)	Oct 1, 18	84 80		
OA, USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired) Caterer	KIND OF BUSINESS OR INDUST	Virginia	te ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		
Joshua Bundy		Adeline B	undy		
5. WAS DECEASED EVER IN U.S. ARMED	os of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		Miss Clar	a Tyler 1205 Arg	yle Ave.	
18. / / X	CAU	SE OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DI	RECTLY Carci	noma of endo	metrium with met		
LEADING TO DEATH		mone of endo	Mediton Migh Mac	as vases	
(This does not mean the mode of heart failure, asthenia, etc. It means injury ar camplication which caused	s the discose, death.)				
				DE LA COLOR	
ANTECENDENT CAUSI	(R)	000000000000000000000000000000000000000	***************************************	,.,.,,,,	
DISEASES OR CONDITIONS, IF A	TATING THE				
UNDERLYING CONDITION LAST.	(C)				
<u> </u>	1.				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TIPA. DATE OF OPERATION 198. CON	LATED TO THE				
DISEASE OF CONDITION CAUSING		20A. AUTOPSY? (Y	es or Not 208. IF YES, WERE F		
, 0		no	IN CERTIFIING CAC	1352 OF DEATH:	
V 21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-	218, PLACE OF INJURY (e.g. hame, farm, foctary, street, etc.)	affice bldg., INJURY O	ERE DID (If in Boltimore City, (CCUR?	give exoct lacotian)	
Z 21D TIME (Month) (Day) (Yeo	or) (Hour) 21E. INJURY OCCURRE	D 21F. HOW	DID INJURY OCCUR?		
OF INJURY (APPROX.)		T WHILE WORK			
22. 1 certify that I held an	Inquiry Inspection A	ond t	hot on this bosis, death in	my opinion	
resulted from: Notural ca		ide Homicide			
resurred from: Noticrof Co	Accident 301c		CICAL EXAMINER		
ACTUAL MADE	2 10 /2 -			DATE SIGNED	
SIGNATURE / W	5 VI Gramma		ICAL EXAMINER	-1-111-	
EXAMINER'S	11 Casta / 36 5	ASSOCIATE MED	DICAL EXAMINER	9/16/65	
NAME (Type) Werner	U. Spitz, M.D.	Y OF CREMATORY	23D. LOCATION (City	y, tawn, ar caunty) (State)	
REMOVAL (Specify)					
Burial 9/20/6		Cemetery	Ann Arundel C	ty., Md.	
SEP-24 1965	248, NAME OF REGISTRAR	A. Hal	stead 1206 W. N	1/	
VS 151-REV. 1/1/65		1.002	2000 118 11		
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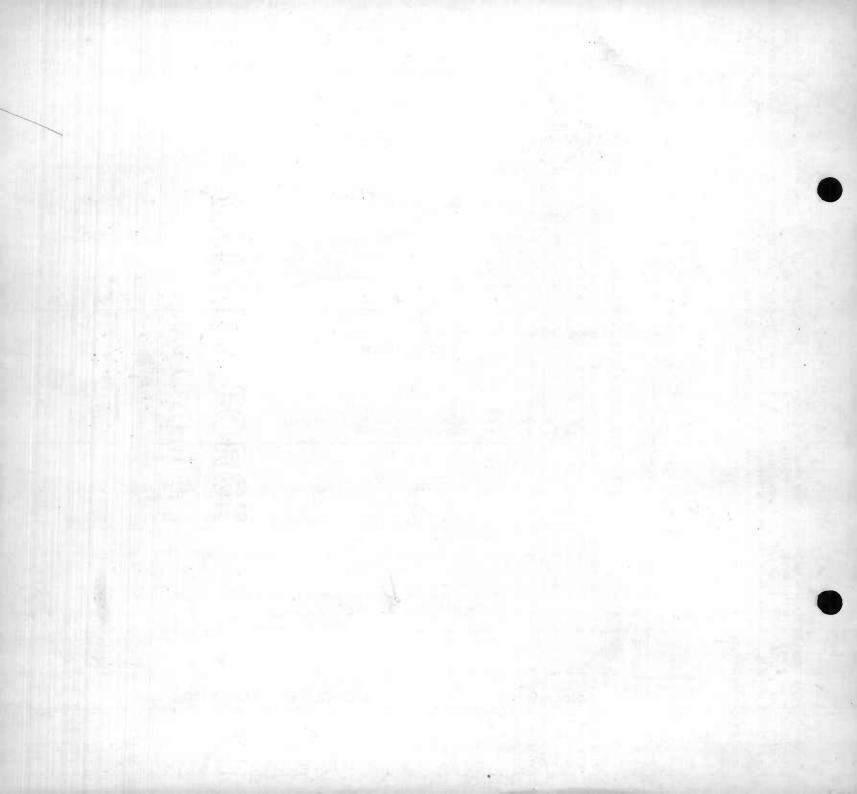


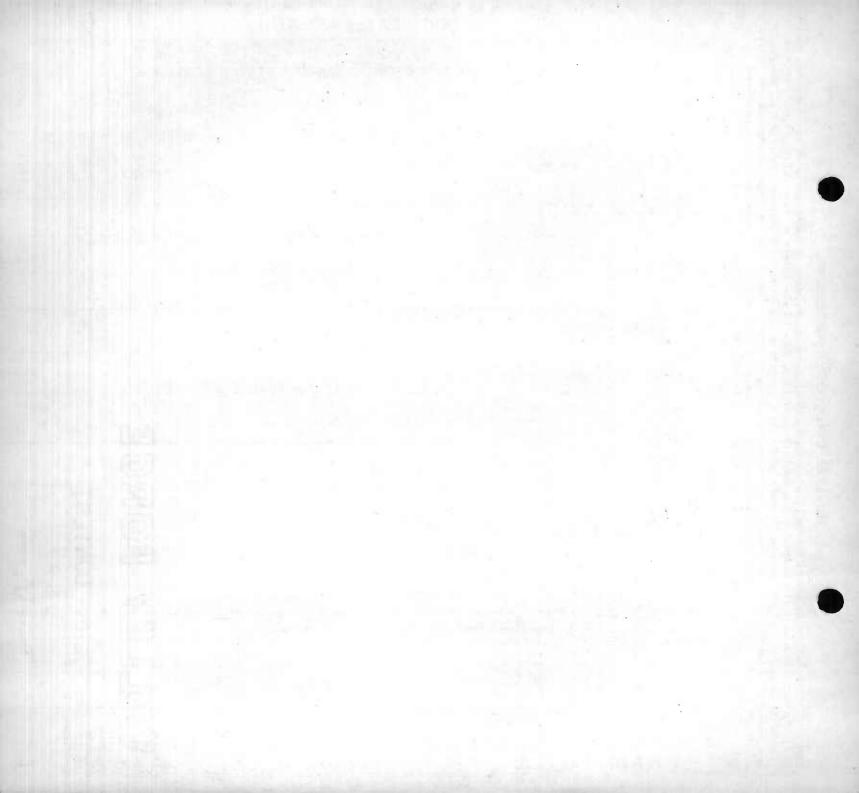
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DIRECTOR:

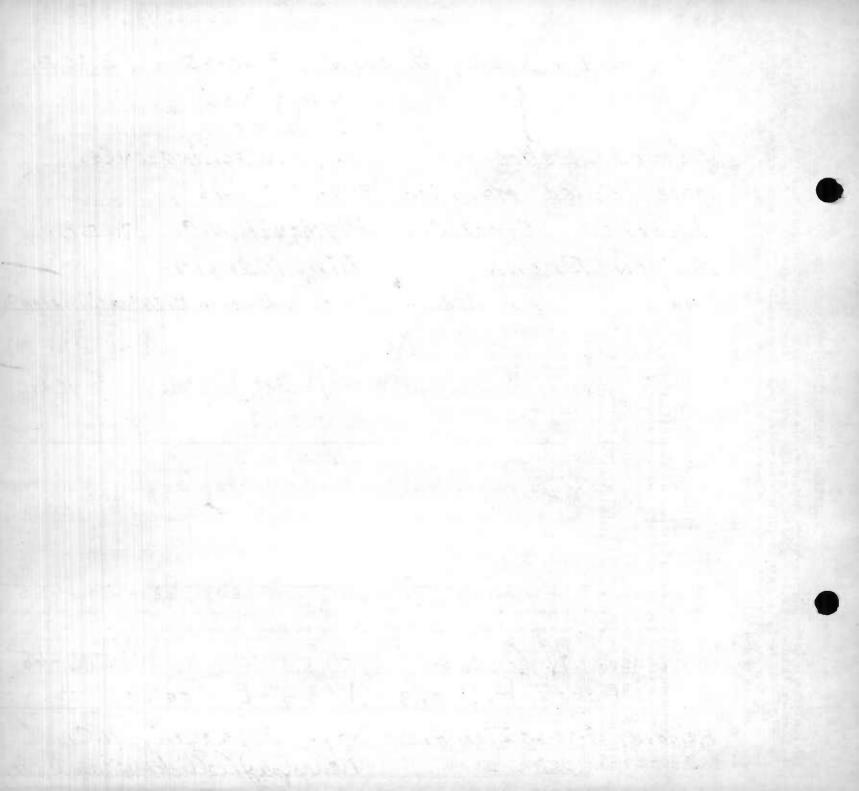
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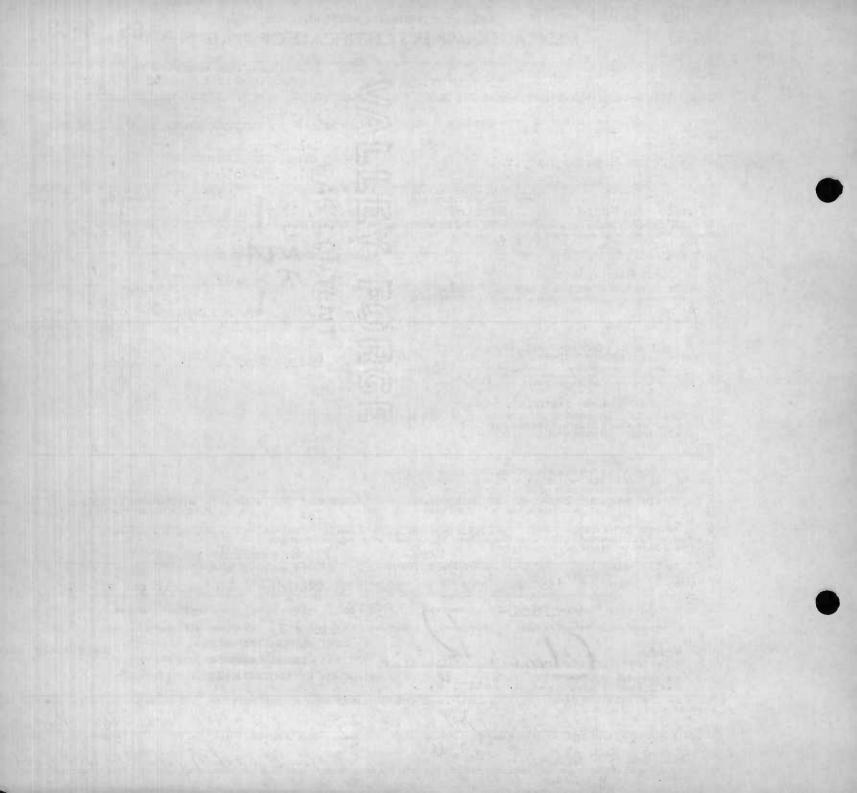




BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICA	TE OF D	EATH Register	ed No.	0000
M.E. CASE NO.								
1. NAME OF DECE (Type or Print)	ANNIE		SIMMONS			ther 22, 196		+:55 A
	MORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION			JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
Johns Hopkins Hospital				D. STREET AD	DRESS (If rurol, g	oline Stree	et	
5. SEX 16	RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIR				If Under 24 Hrs.
Female	Female Negro WIDOWED, DIVORCED(specify) Married			April 6		9. AGE (In years lost birthday) 45	Months Doys	
	ATION (Give kind of wor orking life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTR	VIII. BIRTHPLACI	E (State or foreign	country)	12. CITIZEN OF	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME			The state of the s
John	Richardson			SAL	LIE.	Smilh		
	EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMAN			ADDRESS	
No	it yes, give wor or cole	s or servicer		MOSE.	5 SIM	MONS:	721 n.	CAROLIN
1B. 7 9	23 X		CAUSI	OF DEATH			INTER	RVAL BETWEEN ET AND DEATH
DISEASE	OR CONDITION DI	RECTLY						
	LEADING TO DEATH		(A) Mass	sive 3d D	egree Bod	y Burns.		
heart failure,	osthenio, etc. It meons plication which caused	the disease.	00110					
							- 37. 1	
	R CONDITIONS, IF A		(B)		•••••			
RISE TO THE	ABOVE CAUSE (A) S CONDITION LAST.	TATING THE	DUE TO				9999	
	S CONDITION LASI.		(C)					
2	11							
O THE D	FICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO T	NG HE					**********
19A. DATE OF		DITION FOR	WHICH OPERATION			OB. IF YES, WERE FIN N CERTIFYING CAUS		Yes
ZIA. EXTERNAL		21 B.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID (f in Boltimore City, giv	e exoct location	1
Underlying &		home etc.)	, form, foctory, street,			line Chrost	agai -	
3	(Month) (Doy) (Yea	r) (Hour) 2	Home		I N. Card	line Street		
OF INJURY								
	8 3 65	P m.	WORK AT V	WHILE X C	lotning o	leliberately	set ari	re.
22. I certi	fy that I held anI	nquiry X	Inspection X	· XXXXXX	nd that on this	basis, death in m	y apinian	
resulte	ed fram: Natural ca	uses A	Accident Suicia	le Hami	cide X U	ndetermined manne	r 🗌	
	1		17	CHIEF	MEDICAL EXA	AMINER		
ACTUAL	- () (.	0.0.1	l'air		MEDICAL EX		DA	TE SIGNED
SIGNATU	R'S Charle	S S Pe	etty, M.D.		MEDICAL EX		9/	23/65
NAME (T	/ /		C. NAME of CEMETERY	OF CREAM ATORY	230.10	CATION (City,	town, or county)	(State)
REMOVAL (Specify)	10/-	7/65-	mt. Ca	hay	a	· a . Co	unty	· ne
24A. DATE REC'D	Y HEALTH DEPT.	248. NAME	OF REGISTRAR	24C FUNI	RAL DIRECTOR	0101	ADORE	.ss
		£,33	arben M.M.	Jose	the St. K	och. KI	304 n. C	enhold
VS 151-REV. 1/1/6	5144	1 7 0	2 (1)	6 3	0 6			



IMPORTANT

DIRECTOR:

FUNERAL

Fraguery Deleter

BALTIMORE CITY HEALTH DEPARTMENT

AND DEALLY, ALIGE E.

CONTRACT COMPANY.

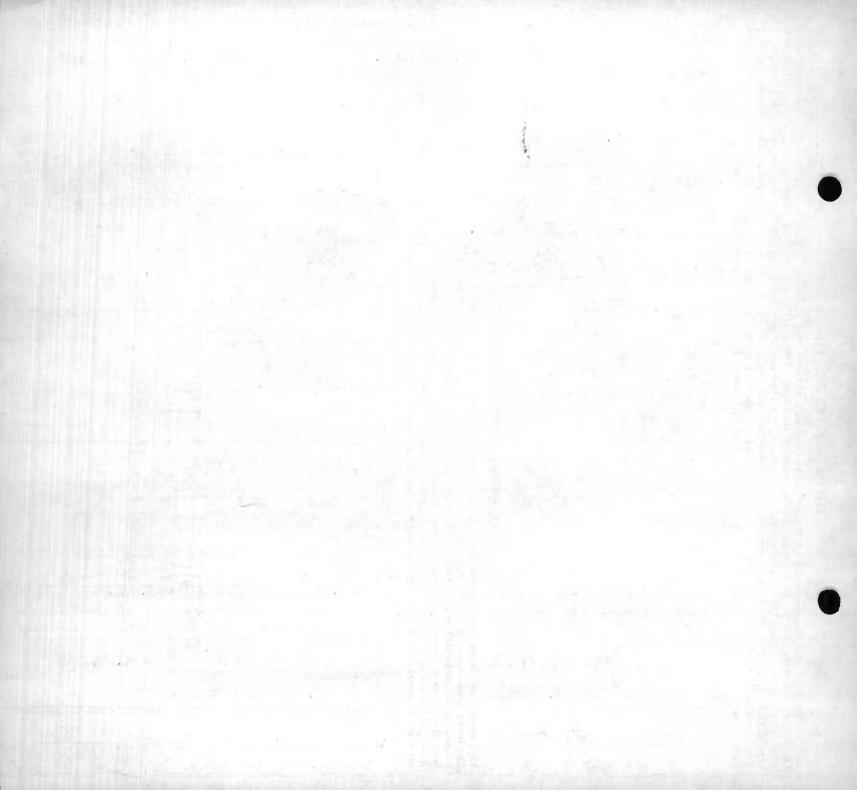
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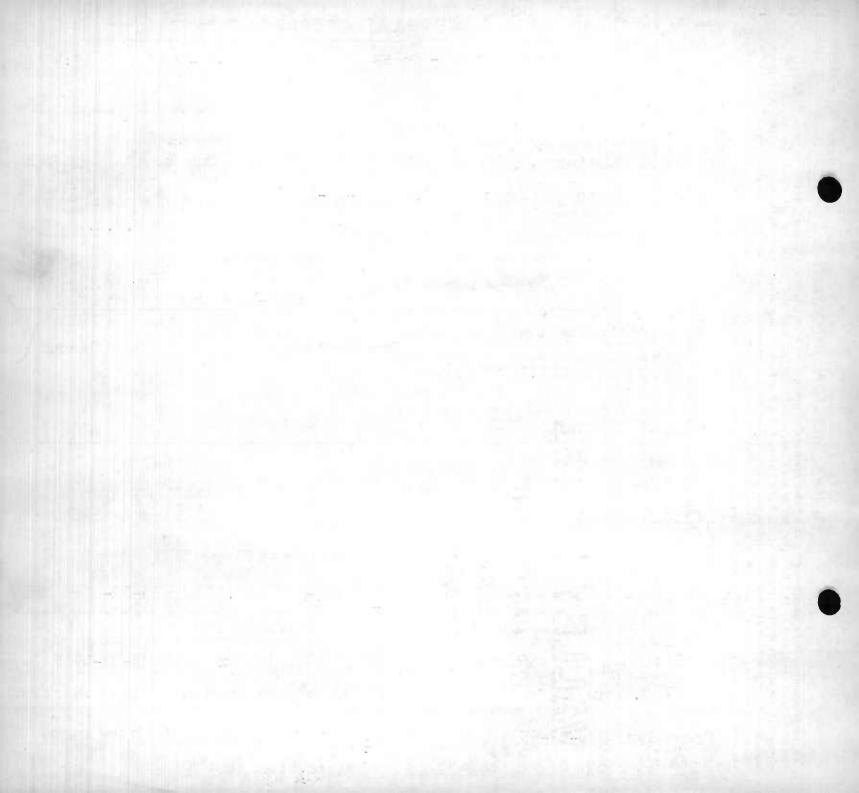
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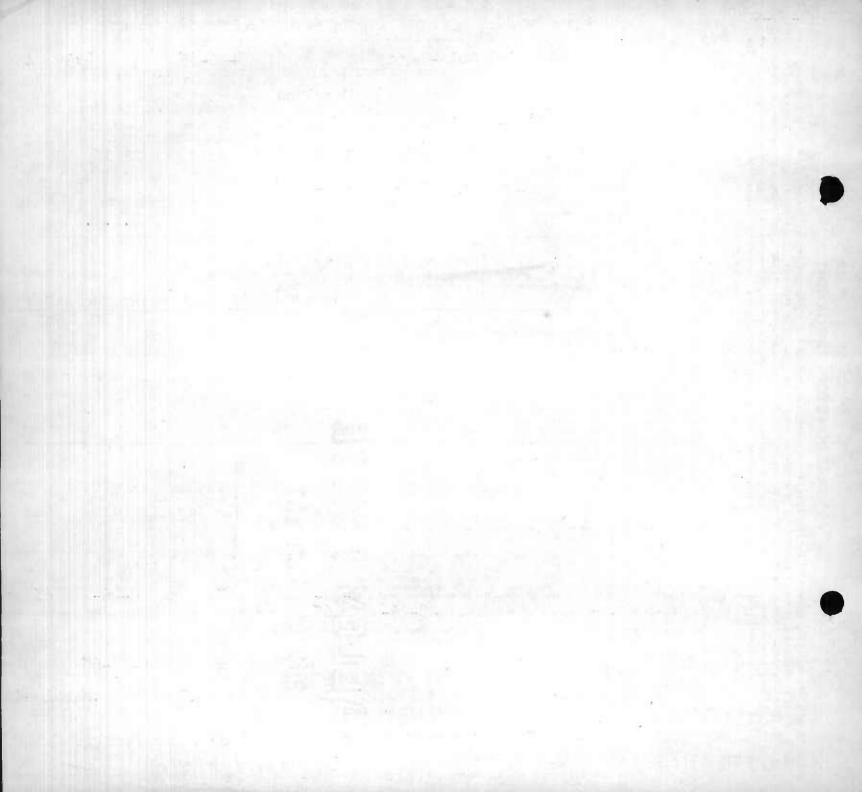
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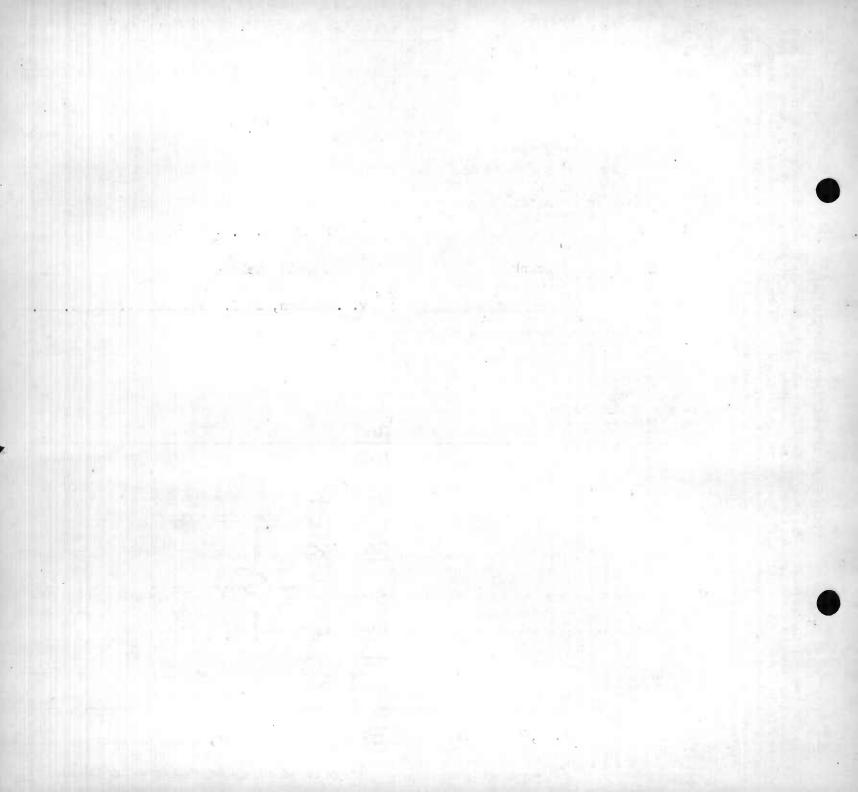


IMPORTANT

FUNERAL DIRECTOR:



and sath the the	BIRTH NO. 65 9815 CERTIFICA N.E. CASE NO. 1. NAME OF DECEASED	TE OF DEATH Registered No. 65 9815
de de con	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	SEPTEMBER 28, 1965 1.40 P. N 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
cause of cause; (5) Deendance to death	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddross or location)	MARY: AND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTINGRE
0	LUTHERAR HOSPITAL OF MARGIAND	D. STREET ADDRESS (If rurol, give location) 401 FOURT H AVERUE
ad la	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 1-16-1876 99 16 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
th occur contri letermi in regu eceased	done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
if dea rect or (4) Und was i the d	at home	Hampshire Co. W. Virginia
AN stant ind; eath e on al di	Samuel Frank 15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wer or dotes of service) SECURITY NO.	Fannia Reid 17. INFORMANT ADDRESS
his ass io, if t fany need endan	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
miner or language of processions of pronous embalme	(This does not mean the made of dying, e.g., heart tailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	ATELECTASIS PRELIMONIA & days
PEC' lexanexan (3) Ann wh in res	DISEASES OR CONDITIONS, il any, giving	
ef medica medical dy burns; p physicia cian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INSUPFICIENCY 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
chi Boog the the the the	SEPT 14/1965 ACUTE GAUBLAPDER DISEA	SE
by the pital by re; (2) where No ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	n or about 21 C. WHERE DID (If in Boltimore City, give exact location) injury occur?
hosp atur pt v (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?
approv to the I f any n II (exce I); and	22. I certify that (I) (this hospital) attended the deceased from Set that (I) (we) lost sow the deceased alive on	PHEMBER 11 1965 to September 23 1965 19 ond that In(my) (our) opinion death occurred on the date
be and be	and hour and from the couses stoted obave. (I) (We) (did) (did not) v 23A. SIGNATURE M.D. Atto	iew the body ofter death. 238. DATE SIGNED
as releas as releas in accide at a hos rior to de	Janua Guda Phy	
certificate sody was rs: (1) An a D.O.A. at assed prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE burial Sept. 27,65 Shiloh Cemetery	
This certhe bocs: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR SEP 24 1965 Police E. Tolkey H.3	Lehew, West Virginia 25C. FUNERAL DIRECTOR Larn: 9. Lichener & Syras Baltimores

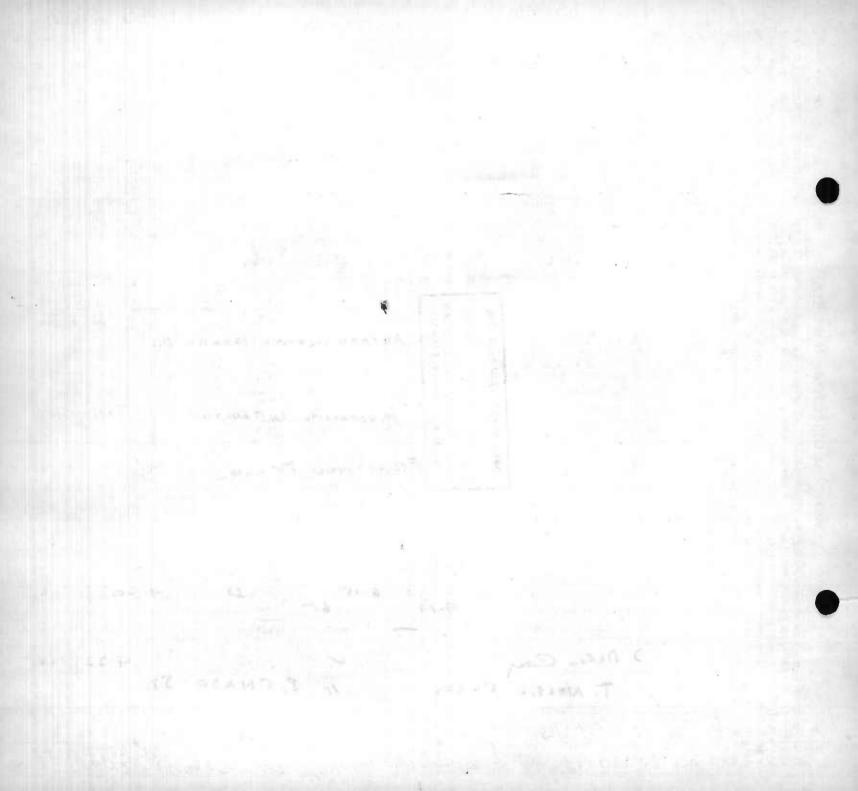


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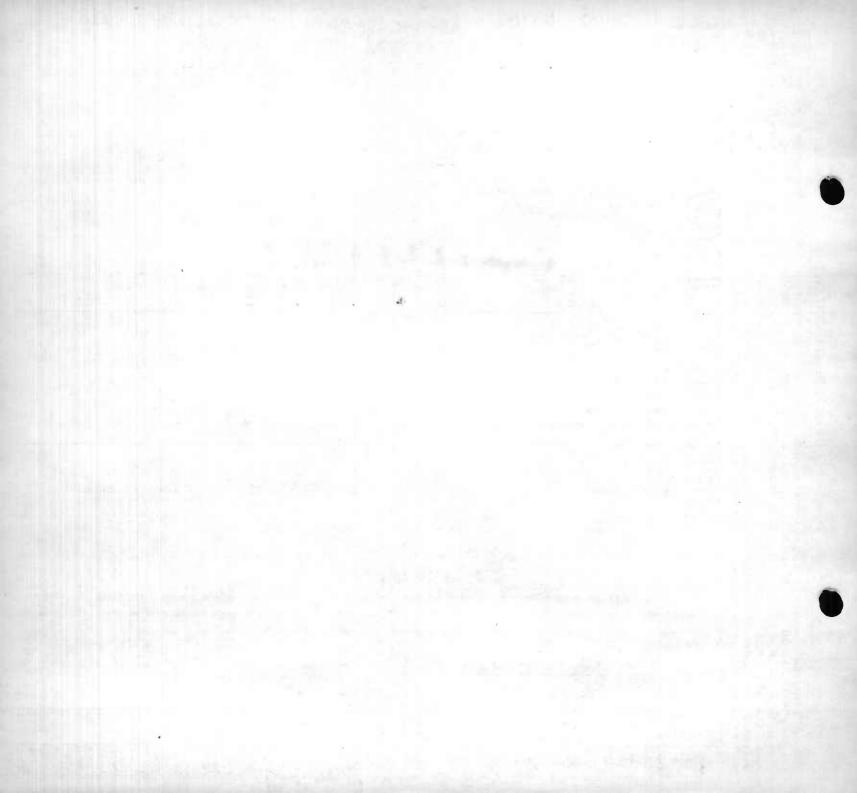
BALTIMORE CITY HEALTH DEPARTMENT

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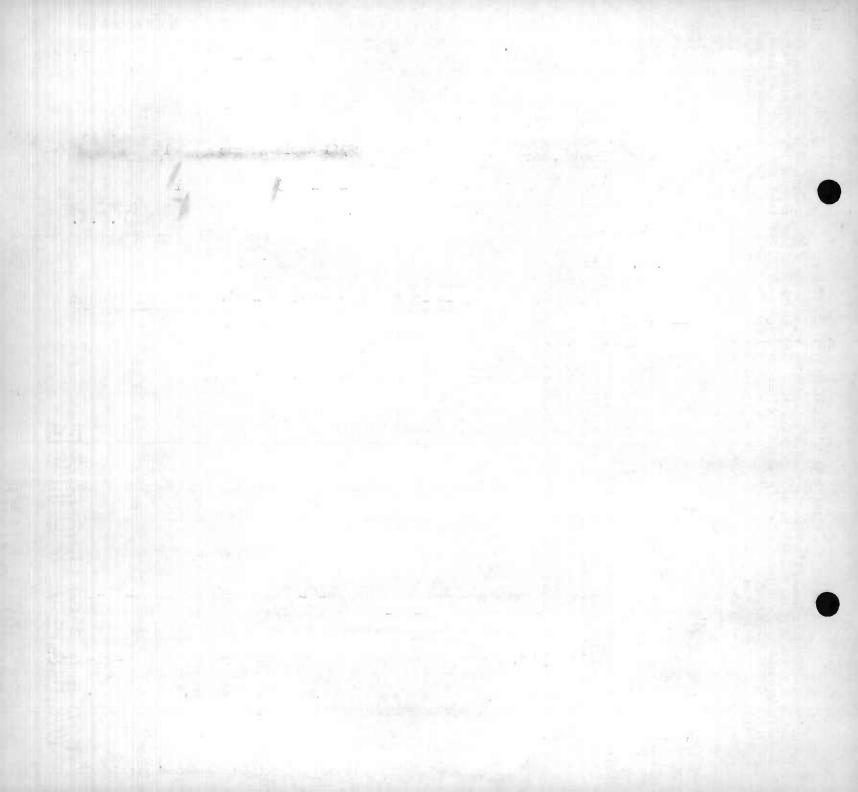
BIRTH NO.	0.3	9817	BALTIMORE CITY			CE ODAM
	00		CERTIFICA	TE OF DEATH	Registered No.	65 9817
M.E. CASE NO.	CEASED			D. DATE	AND HOUR OF DEATH	
Typa or Print)	G. Everett S	di ehent				965 1
3. PLACE OF DE	ATH IN SALTIMORE MA		25.0		ptember 21, 1	nstitution: residence before admission
. TEACE OF DE	ATT IN BALTIMORE WA	- KILAND	2 3 27	A. STATE B. CO	UNTY	nstitution; residence before admission
FULL NAME C	OF (If not in haspital	ar institution, give s	treet	Maryland		1) 1 2
HOSPITAL OR	address or locatio	nn)	y the "	C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
	213 St. Dunst	tans Road	4)	Bal timore		
9	Baltimore, Ma	ryland 2	1212	D. STREET ADDRESS	(If rural, giva location)	
			1000	213 St Di	nstans Road	10
5. SEX	6. RACE	MARRIED NEVI	R MARRED	8. DATE OF BIRTH		If Under 1 Yr., If Under 24 Hrs
		WIDOWED DIV	ORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours Min.
Male	Whi te	Marrie		11/19/1890	74	
	UPATION (Give kind of war warking life, even if retired)	A TOB. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	ey - Self	Attor	nav	New York C	itar	
3. FATHER'S NA		110001		14. MOTHERS MAIDEN I		
		*	The Tank			
Willia	m M. Siebert	1 15 1000 11 5	The state of the state of	buise Rau	ssh '	
5. Was Deceased	d Ever in U. S. Armed Fo	icer . w Tale and to 9	OCIALIS	TY INFORMANT		213 St. Dunstan
		es of servicer	The state of the s	Man Managari	to P Cinhaud	R
No	None	1 5	WOD 3	Mrs. Margueri	te b. Slebert	Baltimore, Md."
18. 4	0,11	(3/		F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY Q	3/5			
	LEADING TO DEATH	3	A R	TEND SCLEREN	- LAMARY O	210
	nat mean the made of		DUE TO	*********	**************************************	
	asthenia, etc. It means mplication which caused	s the distant,	3			
9/24		1×	7 E	24	1-1	
4991	ANTECEDENT CAUSES		3 E D 5€ 10 3		100000000000000000000000000000000000000	
DISEASES	OR CONDITIONS, if		3:12		IS ARCTION	TUKK 1951
rise to th	e abave cause (A) G CONDITION last,	slating e	W SST	YOCKELIAL IN	1- 2050 1 10/0	7
ONDERLIN	o CONDITION Idsi,		3.00			
7	11	- 1	75 -			
OTHER SIGN TO THE D DISEASE OR	DEATH BUT NOT REL	CONTRIBUTING ATED TO THE	18 FRA	to		0x 2 30 100
	CONDITION CAUSING		0 1.76	· rurs o ,	at it by	00
19A-DATE OF		NOITION TOR WHICH	- OPER TION	20 A. AUTOPSY? (Yes at	No. 208. IF YES, WERE	FINDINGS CONSIDERED
E 0	WAS PER	IFORMED		No	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING	21B. PLAC	E OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Boltimar	e City, give exact location)
O True Moder	HTING CAHEE OF		m, foctory, street, of	ffice bldg., INJURY OCCUR		
OR CONTRIBI		etc.)				
OR CONTRIBI	y medical examiner	etc.)				
OR CONTRIBI			RY OCCURRED	21 F. HOW DID	NJURY OCCUR?	-
OR CONTRIBI	y medicol exominer)	(Haur) 21E, INJU While At	Not Whil	e	NJURY OCCUR?	
OR CONTRIBITORY (notify) 21D. TIME OF INJURY (APPROX.)	y medicol exominer) (Month) (Doy) (Year)	(Haur) 21E. INJU While At Work	Not While At Wark	e 🗌		
OR CONTRIBITORY (notify) 21D. TIME OF INJURY (APPROX.)	y medicol exominer)	(Haur) 21E. INJU While At Work	Not While At Wark	e 🗌	NJURY OCCUR?	9.26 1967
OR CONTRIBION OF INJURY (APPROX.) 22. I certify	y medical examiner) (Month) (Day) (Year) y that (1) (this hospita	(Hour) 21E INJU While At Work	Not While At Wark	6-15	19 <i>\$3</i> ta	
OR CONTRIBION DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	y medical examiner) (Month) (Day) (Year) y that (1) (this hospita)) lost sow the decease	(Haur) 21E INJU While At Work 11) ottended the de-	Not Whil At Work	6-15 19-67 ond	1953 to that In(my) (our) opl	
OR CONTRIBI DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour an	y medical examiner) (Month) (Day) (Year) y that (1) (this hospita) lost sow the decease d from the causes sto	(Haur) 21E INJU While At Work 11) ottended the de-	Not Whil At Work	6-15	1953 to that In(my) (our) opl	nion death occurred on the do
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OR CONTRIBIDATION OF CONTRIBIDATION OF INJURY (APPROX.) 22. I certify that (I) (we) and hour an 23A. SIGNATU	y medical examiner) (Month) (Day) (Year) y that (1) (this hospital) lost sow the decease of from the causes stoward. URE). Nels in Canalisa	(Haur) 21E, INJU While At Work II) ottended the de- ed alive on	Not While At Wark ceased from	19 6 ond riew the body after dect	that In(my) (our) opl h. Stoff Phys.	23B. DATE SIGNED 9.22. 1945
OR CONTRIBI DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour an 23A. SIGNATU	y medical examiner) (Month) (Day) (Year) That (1) (this hospita) lost sow the decease of from the causes stoward. D. Pels m. C.	(Haur) 21E INJU While At Work al) ottended the de- ed alive on	Not While At Work ceased from	19 6 ond riew the body after dect	that In(my) (our) opl	nion death occurred on the do
OR CONTRIBIDEATH (notify) OF INJURY (APPROX.) 22. I certify that (I) (we) and hour an 23A. SIGNATU 23C. PHYSICIA 23C. PHYSICIA	y medical examiner) (Month) (Day) (Year) That (1) (this hospita) lost sow the decease of from the causes stoward. D. Pels m. C.	(Haur) 21E, INJU While At Work II) ottended the de- ed alive on	Not While At Work ceased from	19 6 ond riew the body after dect	that In(my) (our) opl h. Stoff Phys.	23B. DATE SIGNED 9.22. 1945
OR CONTRIBIDED TO CONTRIBITED TO CONTRIBIDED TO CONTRIBITED TO CON	y medical examiner) (Month) (Doy) (Year) y that (1) (this hospital) lost sow the decease of from the causes stours URE D. Dels m. C. AN'S Type) T. KIZ L.	(Haur) 21E INJU While At Work al) ottended the de- ed alive on	Not While At Work ceased from	19 6 ond riew the body after deal and one of the body after de	that In(my) (our) opl h. Stoff Phys.	23B. DATE SIGNED 9.22. 1945
OR CONTRIBIDEATH (notify) OR CONTRIBIDEATH (not	y medical examiner) (Month) (Day) (Year) y that (1) (this hospital) lost sow the decease of from the causes sto the causes sto the causes of from the causes sto the causes of from the causes sto the causes of from the cause	(Haur) 21E INJU While At Work II) ottended the de- ed alive on	Not While At Work Ceased from	19 6 ond riew the body after dect ending Med. s. Med. Director 23D. ADDRESS // P. (that In(my) (our) oplin. Stoff Phys. (VASE S	23B. DATE SIGNED 9.22.1945 ity, tawn, or county) (State)
OR CONTRIBLE DEATH (notify DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour an 23A. SIGNATU 23A. SIGNATU 23C. PHYSICIA NAME (1) 24A. BURIAL CRE REMOVAL (BUTLA	y medical examiner) (Month) (Day) (Year) y that (1) (this hospita) lost sow the decease of from the causes stoure D. Des	(Haur) 21E INJU While At Work II) ottended the de- ed alive on	Not While At Work ceased from	19 6 ond riew the body after deot ending Med. S. Director 23D. ADDRESS // EMATORY 24D me tery	that In(my) (our) oplin. Stoff Phys. NASE S LOCATION (C	23B. DATE SIGNED 9.22. 1965 ity, tawn, or county) (State)
OR CONTRIBLE DEATH (notify DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour an 23A. SIGNATU 23A. SIGNATU 23C. PHYSICIA NAME (1) 24A. BURIAL CRE REMOVAL (BUTLA	wedical examiner (Month) (Day) (Year) what (1) (this hospital) lost sow the decease of from the causes stours D. D. L.	(Haur) 21E INJU While At Work II) ottended the de- ed alive on	Not While At Work ceased from	19 6 ond riew the body after dect ending Med. s. Med. Director 23D. ADDRESS // P. (that In(my) (our) ople. Stoff Phys. NASE S LOCATION (C	nion death occurred on the dot 238. DATE SIGNED 9.22. 1965 7. ity, town, or county) (State) laryland
OR CONTRIBITION OF CONTRIBITIO	y medical examiner) (Month) (Day) (Year) y that (1) (this hospita) lost sow the decease of from the causes stoure D. Des	(Haur) 21E INJU While At Work II) ottended the de- ed alive on	Not Whith At Work ceased from	19 6 ond riew the body after deot ending Med. S. Director 23D. ADDRESS // EMATORY 24D me tery	that In(my) (our) ople. Stoff Phys. NASE S LOCATION (C	23B. DATE SIGNED 9.22. 1965 ity, tawn, or county) (State)

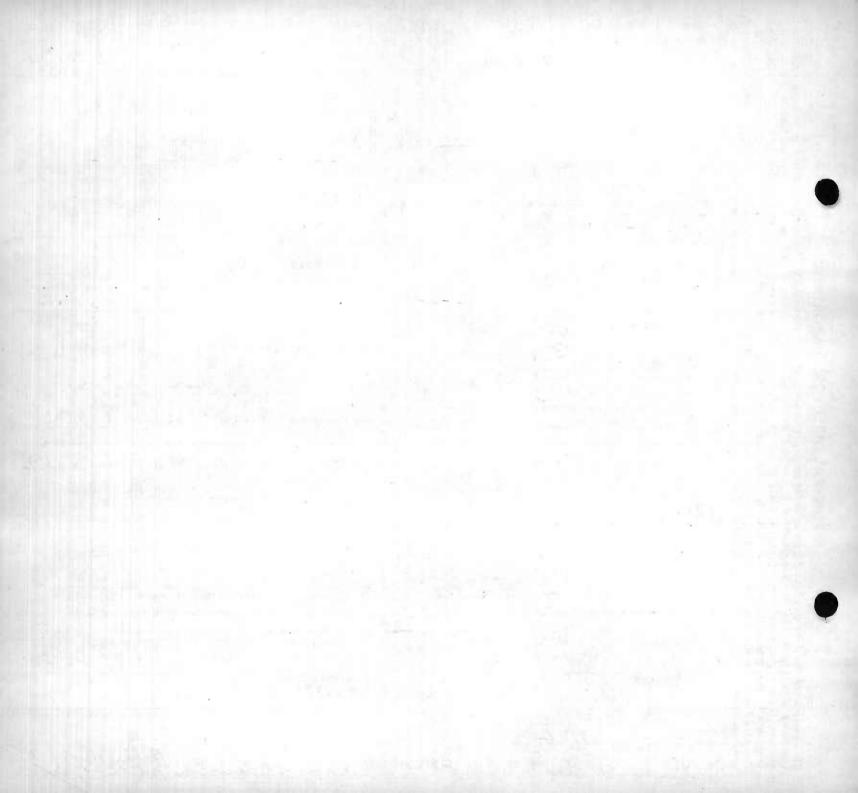


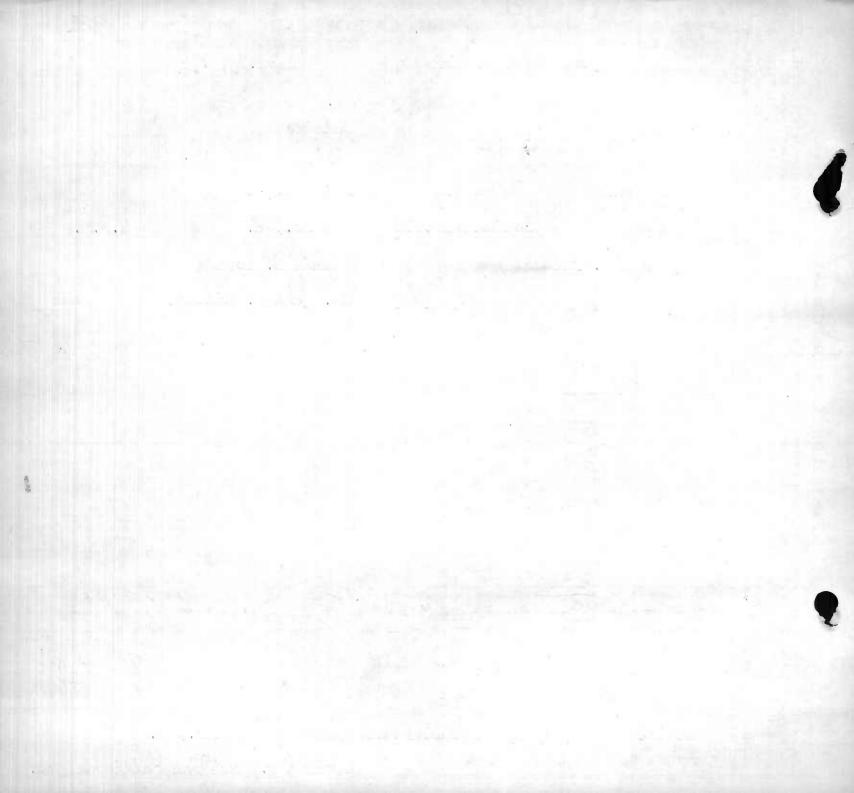
	65 0	040	BALTIMORE CITY	HEALTH DEPARTMENT	6	35 0040
BIRTH NO.	65 9	919	CERTIFICA	TE OF DEATH	Registered Na.	5 9818
M.E. CASE NO.	CEASED		OLIVIII TO		AND HOUR OF DEATH	1EEE CONTROL
Typo or Print)	1 72	P 7				
PLACE OF D	Rebecca G.			Del	tember 21,	nstitution: residence before admission
. TEACE OF D	THE PARTITIONS IN	RILAND	4 0	A. STATE B. COL	INTY	nsinulidir tosiderico delloto damissida
FULL NAME		or institution,		Maryland		4/1
HOSPITAL OR					outsido city limits, write	RURAL and give township)
	House in the P			Baltimore		
	2525 West Belv	redere A	venue	D. STREET ADDRESS	If rural, give location)	
	Baltimore, Mar	ryland	21215	2301 South	Road 2	21209
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Manths! Days Hours Min.
Female	White		O, DIVORCED (specify) OWED	May 30, 1867	98	returns; Days Hoors; return,
				11. BIRTHPLA CE (Stote or fo		12. CITIZEN OF
Housewi	I working life, even if retired)			Maryland		WHAT COUNTRY?
3. FATHER'S NA	ME		- 3 1	14. MOTHER'S MAIDEN	AME	
Aaron	Goodman (1)	WELL DOCUMENT	and a relative to the	Rosalie Be		
os no or unknow	d Ever in U. S. Armod For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2301 Sou	th Road Ress
No	None		None	Mr. Jay G. Eng	el Baltimor	re. Maryland 9
18. And A	-0.01		CAUSE O		,	INTERVAL BETWEEN
	ASE OR CONDITION DIE	DECTI V				ONSET AND DEATH
DISEA	LEADING TO DEATH	RECTET	1	their ~ So	Deroses	10 Hear
	nal mean the made of		DUE TO	thrio ~ Sc enility	****	16 00 2
	e, asthenia, etc. It means implication which caused			- T	4.0	
200	ANTECEDENT CAUSES		(B) \(\sigma\)	en lity		10 Jeans
DISEASES			DUE TO			
	OR CONDITIONS, if he above cause (A)		(C)			
UNDERLYIN	IG CONDITION last.		994 414 9 AAS V 0000	18 0 may 5 may 1 may 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	ll l					
	DEATH BUT NOT RELA					
DISEASE OF	R CONDITION CAUSING I	IT.				
19A. DATE C	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
OR CONTRI	ENT WAS UNDERLYING DENTING CAUSE OF	21 B. hom etc.	ne, lorm, foctory, street, of	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	ro City, give exect location)
)	(Manth) (Day) (Year)	(Ham) 21E	INJURY OCCURRED	21F. HOW DID II	LILIAN OCCUPA	
OF INJURY	(Manin (Day) (Tean		ile At Not Whil		AJORY OCCOR!	
(APPROX.)		Wo				
22. I certif	y that (1) (this haspital) attended t	he deceased fram	Jone 1	19 20 to Se	th == 19 65
) last saw the decease			-407		inlan death accurred an the da
						and decin accorded an ine da
		ted abave. (I	1) (We) (dld) (did not) v	lew the bady after death	1.	
23A. SIGNAT		1/1	14.5	adian — Alad —	\$1-11	23B. DATE SIGNED
	- Truin ?	662	M.D. Atte	s. Med. Director	Stoff Phy s.	Saft 22 1965
23C. PHYSICI NAME	ANS	FA	0.44	23D. ADDRESS		
				the ispl	ande	
4A. BURIAL CR REMOVAL	(Specify) 248. DATE		AME of CEMETERY or CR	EMATORY 24D.	LOCATION (C	city, town, or county) (State)
Burial	9/23/1	965 Oh	eb Shalom Cema	etery E	Baltimore, Mc	
SA DATE REC'		The state of the s		25C. FUNERAL DIRECTO		ADDRESS,
SEP 24	4 1965 (166) ul	2, 40h	OF REGISTRAR	01/4 1 7	he 1han	Ballo, mg. 11
\$ 150-REV. 1/1	/65	96	The Contract of	wm.p.Va	They work	northala. on
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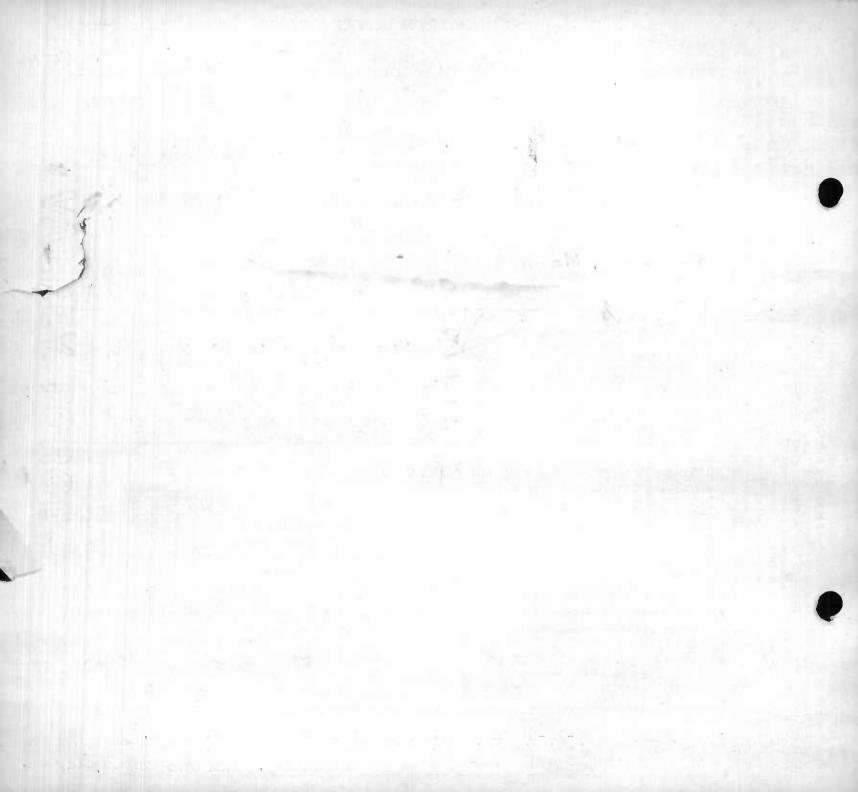
	ME OF DECEA	AZED	Lucy Rh	odes		-21-1965	3:40 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND					4. USUAL RESIDENCE (V		nstitution; residence before admis
FL	JLL NAME OF	(If not in ho	spitol or institution,	give street	Maryland		(-(')
IN	OSPITAL OR ISTITUTION B	oddiess or lo	City Ho	snitals		outside city limits, write	RURAL and give (ownship)
1/			ern Aven		Baltimore D. STREET ADDRESS	(If rural, give location)	Home to a
	В	altimore	,Marylan	d 21224	15321 Maple	Avenue	5 Balltimore Cit
5. SE	emale	White	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	11-29-1883	9. AGE (th years lost birthdoy) 81	Months Doys Hours Mi
10A, I	USUAL OCCUP	PATION (Give kind	of work 108. KIND OF		Y 11, BIRTHPLACE (State		12. CITIZEN OF
done		orking life, even if re さらら	tired)		Maryland		12. CITIZEN OF WHAT SOUNTRY?
13. F	Housew:				14. MOTHER'S MAIDEN	NAME	
	Wm. H	. Hultz			Lucille	?	
15. W			ed forces? I dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	None		213-54-0335	Records:BC	H-4940 East	ern Avenue 212
1	1B.44	3 X I		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION			gestive Hear		ith
			le of dying, e.g.,	(A) P	ulmonary Ede Hypertensive	ma	4 days
	heart failure, a	sthenia, etc. It n dication which co	neans the diseose,		rotic Heart	WI CELTO	? years
	A	NTECEDENT CA	USES	(B)	route hear .	DISEASE	· years
			if ony, giving				
			(A) slaling the	(C)			
	UNDERLYING	COMDITION 103	***				
	UNDERLYING	II					
	OTHER SIGNIFI	IL ICANT CONDITIO	NS CONTRIBUTIN	G HE			
ATION	OTHER SIGNIFITO THE DE.	ICANT CONDITION ATH BUT NOT CONDITION CAUS	NS CONTRIBUTIN RELATED TO THE	G IE WHICH OPERATION	20A. AUTOPSY? (Yes o	r No) 20 8. IF YES, WERE	FINDINGS CONSIDERED
RTIFICATION	OTHER SIGNIFITO THE DE. DISEASE OR CO.	ICANT CONDITION ATH BUT NOT CONDITION CAUS	NS CONTRIBUTIN RELATED TO THE SING IT, CONDITION FOR S PERFORMED	HE WHICH OPERATION	ies	7 No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED XUSES OF DEATH? Yes
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BIRTH NO. 65-2235165 982	2 CEDITIEICA	TE OF DEATH	Registered No.	5 0000
M.E. CASE NO. 1, NAME OF DECEASED	CERTIFICA		ID HOUR OF DEATH	JOKK
(Type or Print) Vaness a S. 3. PLACE OF DEATH IN BALTIMORE MARYLAND	Maule	4. USUAL RESIDENCE (Who	3 /6.5 re deceased lived, If inst	10:35 Am.
FULL NAME OF (If not in haspital or institut HOSPITAL OR oddress or location)	ion, give street	Many land c. city or town (If ou	Bolt	inche RAL ond give township)
/	OS PITAL		rural, give locotian) I ear Xie w	Ave.
	RIED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. , If Under 24 Hrs.
F White 5;	ny le	916/65	17 days	17
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most all warking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEL OF WHAT COUNTRY?
13. FATHERS NAME	5	Manyland	ME	U 974
Raymond C. Maule	<i>2</i>	Linda No		(-1)
15. Was Occased Ever in U. S. Armed Farces? (Yes, no or unknawn) (If yes, give war or	1 6. SOCIAL	INFORMANT	50.	ADDRES
No	CAUSE	Parents.	2811 Clear V	liew Ave
DISEASE OR CONDITION DIRECTLY	CAUSE O	P DEATH		ONSET AND DEATH
LEADING TO DEATH	BY S (A) Vent	nicular fib	rill ation	5 min
(This does not meon the mode of dying, heart failure, asthenio, etc. It means the dise			nt disease	-)
injury or complication which caused death.) ANTECEDENT CAUSES	A Agam	S'Adrial sep	tal defect	(17 days
DISEASES OR CONDITIONS, if any, gi	ving Soul TO	Juentricular 5	eptal defec	
rise to the above couse (A) stating UNDERLYING CONDITION lost.	The E	Transposition		ssels)
11	TT 1900	Situs INVERS	05	
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	000090311	ve Heart	Failure	1
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 19ANS BOS	OR WHICH OPERATION	YES	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, at etc.)	ar obout 21 C. WHERE DID fice bldg., INJURY OCCUR?		City, give exact lacation)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Nat Whill Nat Work	e 🗌 ——		
22. I certify that (1) (this hospital) attend	ed the deceosed fram	119	19 6.5 to	9/23 1965.
that (1) (we) lost sow the deceased ofive	on 9/23	19.65 ond th	ot in(my) (our) opini	on deoth occurred on the date
and hour and from the couses stated above	re. (I) (We) (did) (did not) v	iew the bady ofter deoth.		
B. ann War	M.D. Atte	ending Med.	Stoff -	B. DATE SIGNED
23C. PHYSICIAN'S	rny		Phys.	7/23/65
NAME (Type)	M.D.	LOU. ADDRESS		
	C. NAME of CEMETERY or CRI	EMATORY 24D. L	OCATION (City,	, town, or county) (State)
REMOVAL (Specify)	Holy Redeemer		Ltimore, Me	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 24 1965 Robert E.	tarbey 4.4	Leonard J.	Ruck Inc	Baltimore, Md.
VS 150-REV. 1/1/65				



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

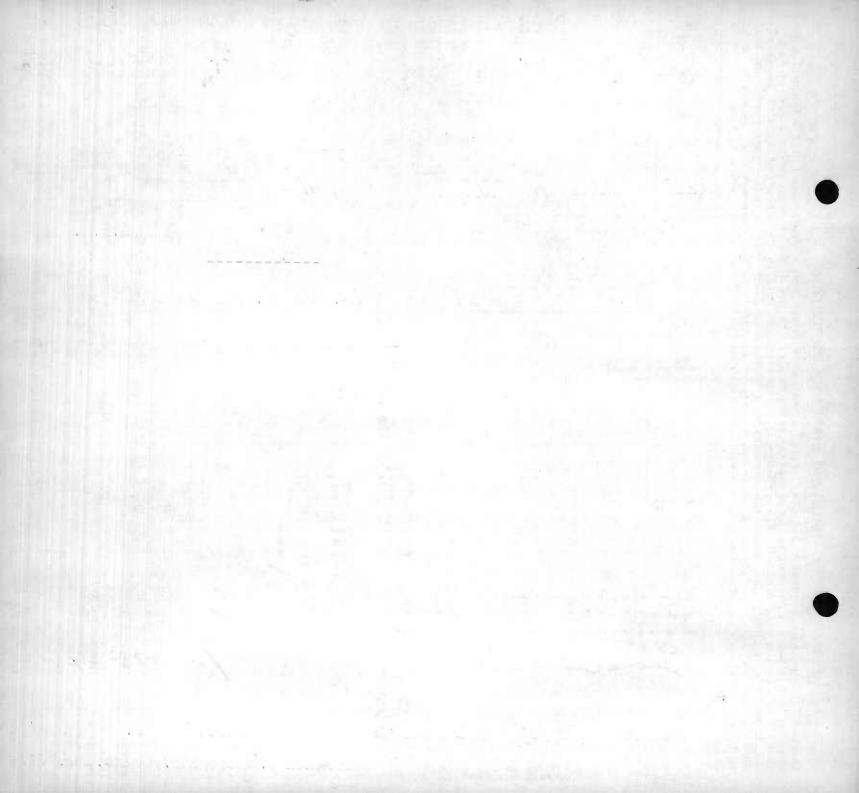
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min,

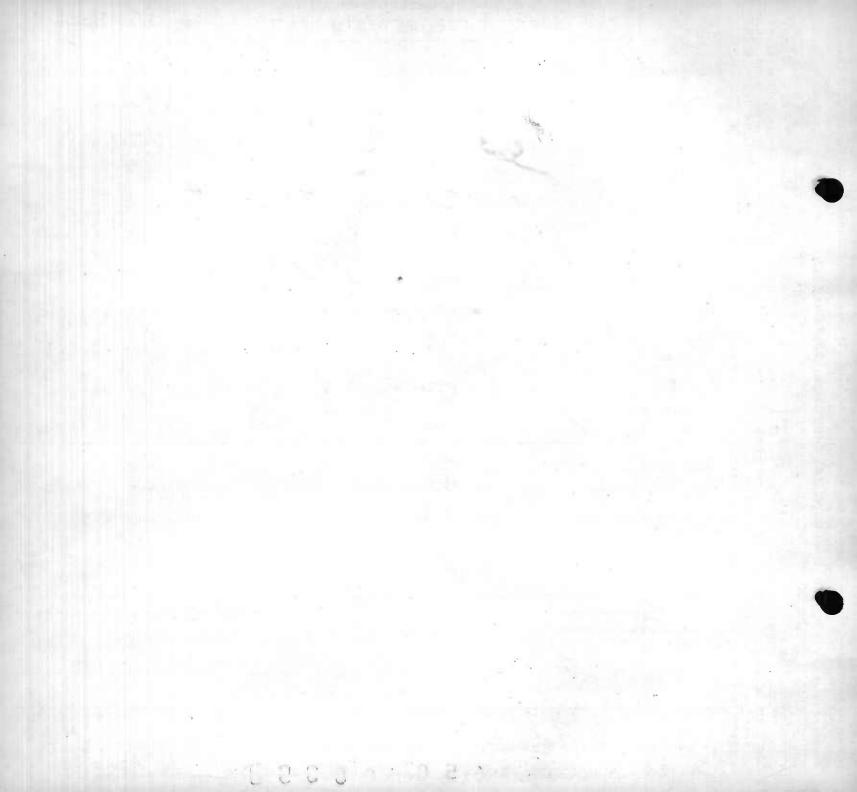
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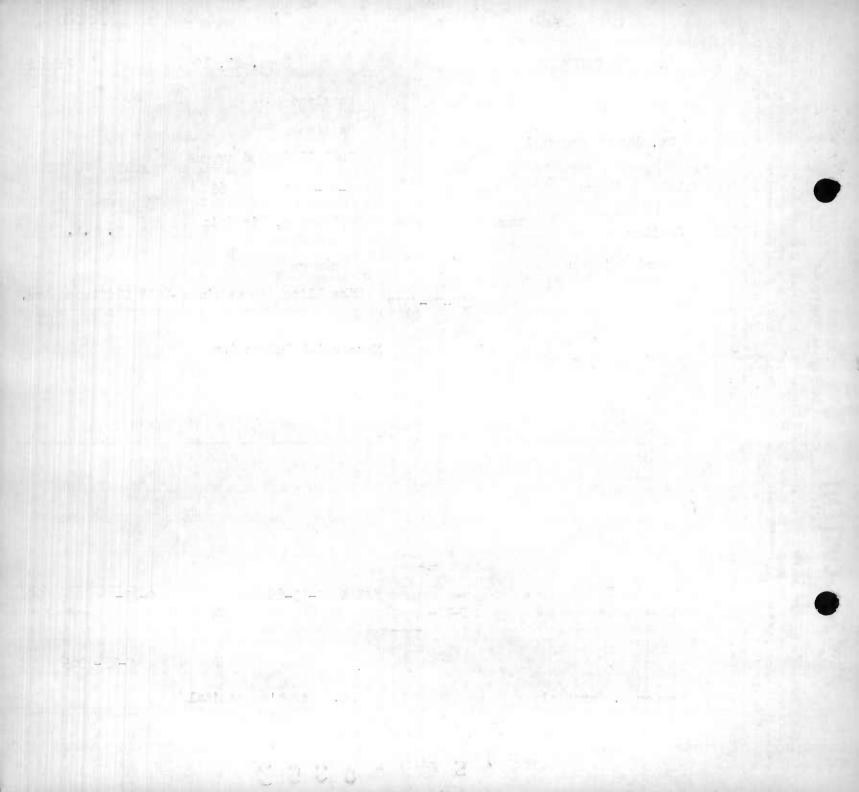
INTERVAL BETWEEN ONSET AND DEATH



Cha.	BALTIMORE CITY	HEALTH DEPARTMENT		0004
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	65 9824
M.E. CASE NO.			ID HOUR OF DEATH	<u> </u>
(Type or Print) / IF ACIAINE	MADIE	S.	233	23 1965 7 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived, If i	nstitution: residence before admission)
FULL NAME OF All not in haspital ar institu	The state of the s	Maryland		1 Jan O Down
INSTITUTION		C. CITY OR TOWN (If au	•	RURAL and give township)
811 116	\$ A		rurol, give lacotian)	
University Hon		1039 ax	quela le	re
	OWED, DIVORCED (specify)	8. ATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)		11. BERTHPLACE (State or fore	ign_cauntry)	12. CITIZEN OF WHAT COUNTRY?
House wise		GloschesTer	, VA.	USA
13. FATHER'S NAME	SHERIKA TO STATE	14. MOTHER'S MAIDEN NA	ME	
UNKNOWN		MARY E. Br	nd ford	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no arunknawn) (If yes, give wor or dates of serv	security No.	17. INFORMANT	Kenro	ADDRESS
18.4.20.11	CAUSE O	F DEATH	, aces 40	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	e pir-	-A. 200 4.	1.1.1	ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying,	e.g., (A) DUE IQ	un agreered	la repare	Upa 6 DEL
heart Jailure, asthenia, etc. It means the dis- injury or complication which caused death.)		1 1 1	0-11	
ANTECEDENT CAUSES	(B) 600d	oranelerale.	Cearl del	ere
DISEASES OR CONDITIONS, if ony, g	DUE TO			
rise to the above couse (A) stating UNDERLYING CONDITION lost.				
			_	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, form, factory, street, o etc.)	n or obout 21°C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exoct locotion)
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Work At Work			
22. I certify that (I) (this hospital) attend		1 1	1965 to	201 23 1965
that (1) (we) lost sow the deceased olive	Part 77	1 /	1	inion death occurred on the date
ond hour ond from the couses stoted obo-	7.4			The second of the gold
23A. SIGNATURE	/ (1/4/10/10/10/1	now the body offer decine		238, DATE SIGNED
Larma M. Ragala	M.D. Att	ending Med.	Staff Phys.	9/23/65
23C. PHYSICIANS NAME (Type)	ell-gible	23D. ADDRESS	- 11/10/	1/00/00
MARRY NI. ROSE	ENBAUM M.D.	UNIVERS	ITY HO	SPITAL
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (C	city, town, or county) (State)
Burial 9-27-65	MT. Aubur	NA	A 140	Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	1 110	ADDRESS
SEP 24 1965 (0. 8-9 3	Fr. Burge O	- MORTION +1	Dett 170	ol Laurens
VS 150-REV. 1/1/65		000	1	

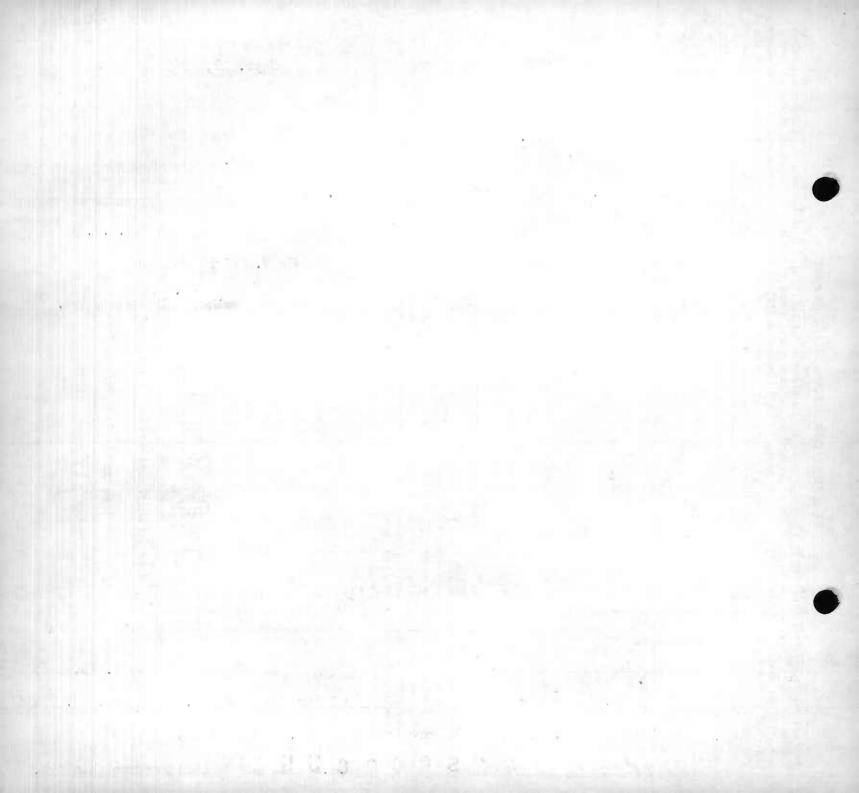


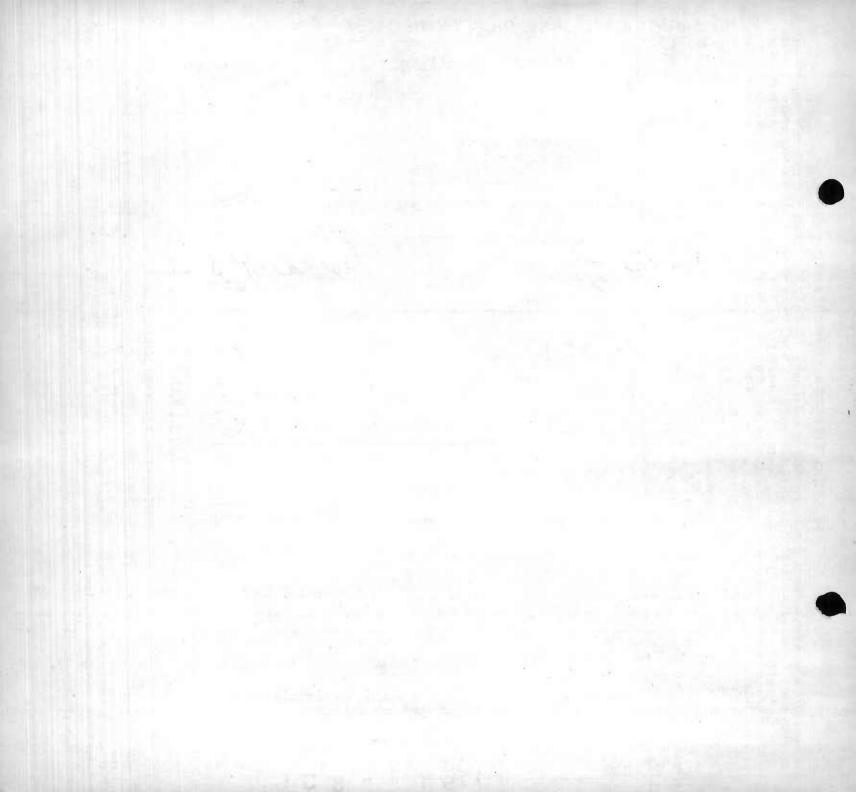
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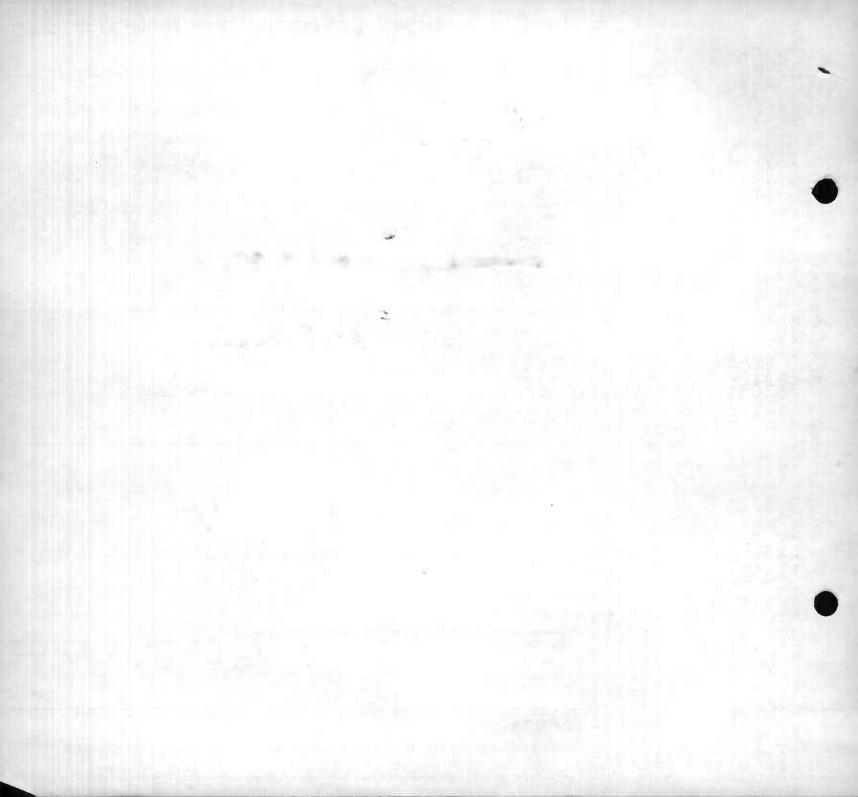
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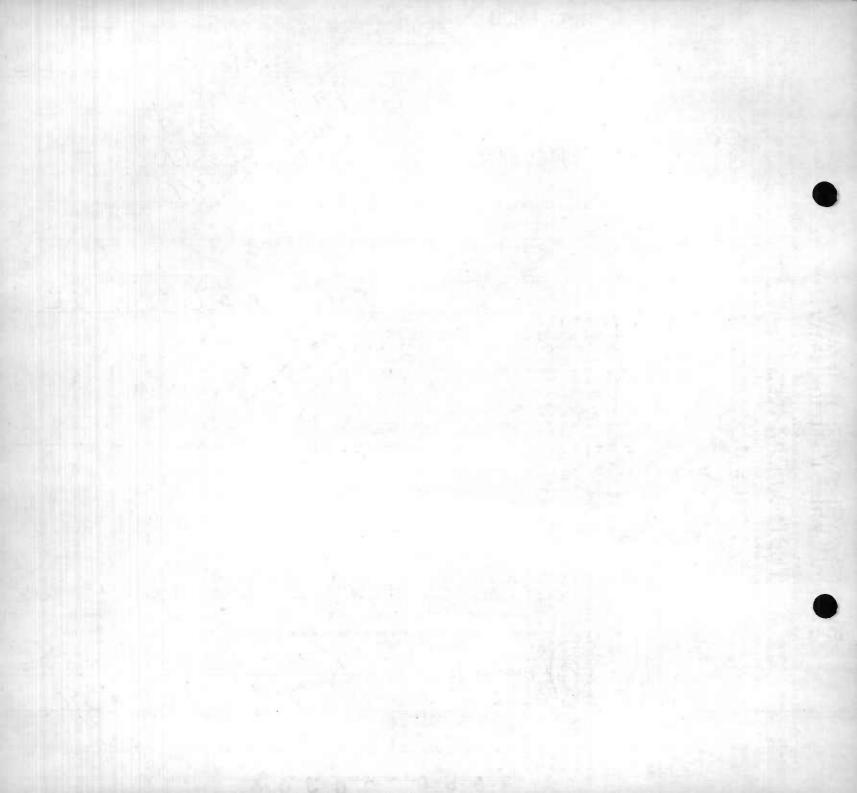




VUIT		THE NO. 65-2325565 9829 BALTIMORE CITY HEALTH DEPARTMENT Registered No.	- 0000
N 1250 -			5 9829 7
and ased the the	1.1	E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
de de	(T)	pe or Print	5-1 10:12 PM
++0 -	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY	titution: residence before odmission)
se o (5) D ance		FULL NAME OF (If not in hospital or institution, give street)	BALL
- 5 % P		HOSPITAL OR INSTITUTION Oddress or location) C. CITY OR TOWN (If outside city limits, write R)	URAL ond give township)
2 2 2 5	16	BALTO	# 25
ng ng cath	71	M. O. STREET ADDRESS (If rurol, give location)	01
D + P L d	0	22/ 1/1/2000	wrd
-27-	5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
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T 0 # 7 9.	= 10.	A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BYRTHPLACE (State or foreign country) ne during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
de d	9	USA.	11.5 A
e de C	13.	FATHER'S NAME	2
F = 5€ ≥ ±	13.	Innald Francisco	(Ald well
AN stant e di ind; eath		Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
TA ist is the head of the ce		es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Tama.
S S T T I	-	18. 2 / 0 D I CAUSE OF DEATH	INTERVAL BETWEEN
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	E	injury or complicolion which coused death.)	1
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O Signature Sign	5	n -	
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UNER chief r y a m Body the p	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
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T 5 4 4 5 6	AL C	OR CONTRIBUTING CAUSE OF home form foctory street office bldgVINJURY OCCUR?	City, give exact location)
	D U		
	MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
>=====	5	(APPROX.) While At Work At Work	
pro the ny	00	22. I certify that (1) (this hospital) attended the deceased from Sept 17 19 65 to 54	ept 18 1965.
10 to 0	9	that (1) (we) lost sow the deceased alive on Slot 19 63 and that in (my) (our) opin	ion deoth occurred on the dote
00-		and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.	
ust be a dent of dent of death)	must		23B. DATE SIGNED
30.56		M.D. Attending Med. Director Phys.	2/ dept 65
	24	23 C. PHISICIAN'S NAME (Type) 23 D. ADDRESS	
was r An a Prior	0	M.D. DOLLD OF MADVI	AND
certificate sody was r /s: (1) An a D.O.A. at a		A. BURIAL CREMATION, 248 DATE 24C. NAME of CEMETERY PL CREMATORY	r, town, or county) (Stote)
F-000		REMOVAL (Specify) SEP 23 1865	CHOOL
< (3)	25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 250. FUNERAL DIRECTOR	ADDRESS
This the k show was dece	S	EP 27 1965 Class E. Harley M. SEDVICE	n cun
	VS	150-REV. 1/1/65	- BURD



6	+11-1	BALTIMORE CITY HEALTH DEPARTMENT
2-	240	SIRTH NO. CERTIFICATE OF DEATH Registered No. 65 0000
	and ased the the	M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	of deat Of deat Decease on th	(Type or Print) /1 c. 57/15 / 8
	00 -	3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4, USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
	hospit ise of (5) De ance death	A. STATE A. COUNTY
	hosp ise (5) and dec	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)
	3 " P	INSTITUTION (If outside city limits, write RURAL and give township)
	/	10 - 13911
	ting d cau r att prior	3025 11) and can nell D. STREET ADDRESS (If rurol, give location)
	de de de	30 90 WINUSOR HUE 1910/CAESSON SI
	tribu mine gulai sed mad	5. SEX O. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months: Doys Hours Min.
	occurre ontribut ermined regular eased p	7 WHR5, 1885 80
		10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	de i de	
	de de	13. FATHER'S NAME
	nt if death direct or c 1; (4) Undet th was in on the dec	
7	수 나 다 다	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
A	0 0 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
Z	ssist the the kin de nnce	INTERPLE SON, WOL
IMPORTAN	if i	18. 422, 1 I CAUSE OF DEATH
9	4 C D	DISEASE OR CONDITION DIRECTLY
~	TA BOTE	LEADING TO DEATH
	L . 2 0 . E	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,
8	racturacturacturacturacturacturacturactu	injury or complication which caused death,)
1	F E T 0 01 T	ANTECEDENT CAUSES (B) DUE TO
O	X D A S L L	DISEASES OR CONDITIONS, if any, giving
DIRECTOR:	(3) (3)	rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last,
	dical dical dical orns; (3 rsician was in	
-		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ERA	med med y bu phy; ian v	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
ш	hici ed	198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
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5	tal by; (2) here No ph befor	OR CONTRIBITING CAUSE OF home form foctory street office hide INITIBY OCCUP?
	+ p o o	DEATH (notify medical examiner)
	d by ospit ture trure (6) N (6) N	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	0 = 0 0 -	While At Not While At Work
	0.0	22. I certify that (1) (this hospital) attended the deceases from Self 7 1905
	6 - 5 0	
		that (1) (we) last saw the deceased alive an Sept. 4 1965 and that in (my) (aur) printan death accurred an the da
	OP + t t t	and haur and from the causes stated abave. (1) (Wg) (did) (did not) view the bady after death.
	must be a released to accident of a hospital r to death)	23A. SIGNATURE SIGNED AM.D. Attending Med. Stoffe
	must eleas ccide t hos to do	
	a de	23CI AMYSICIANS 23D ADDRESS 2 DA TO STATE TO COLOR TO COL
	was r An a L at a prior	M.D. A.D. M.D. M.D. G.
	* - 7	24A. BURIAL CREMATION, 2/2 DATE 12 CHENAMA of CEMETERY OF CREMATORY 1 24D. LOCATION 11 Oily, Town, or county) (Stote)
	This certif the body shows: (1) was D.O./ deceased written a	JEF ZZ 1909
	This certhe boc shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL PIRECTOR V SERVICE RAPPRESS
	This the k show was dece	SEP 27 1965 P. O. A. E. Falley M. B.
		VS 150-REV. 1/1/65



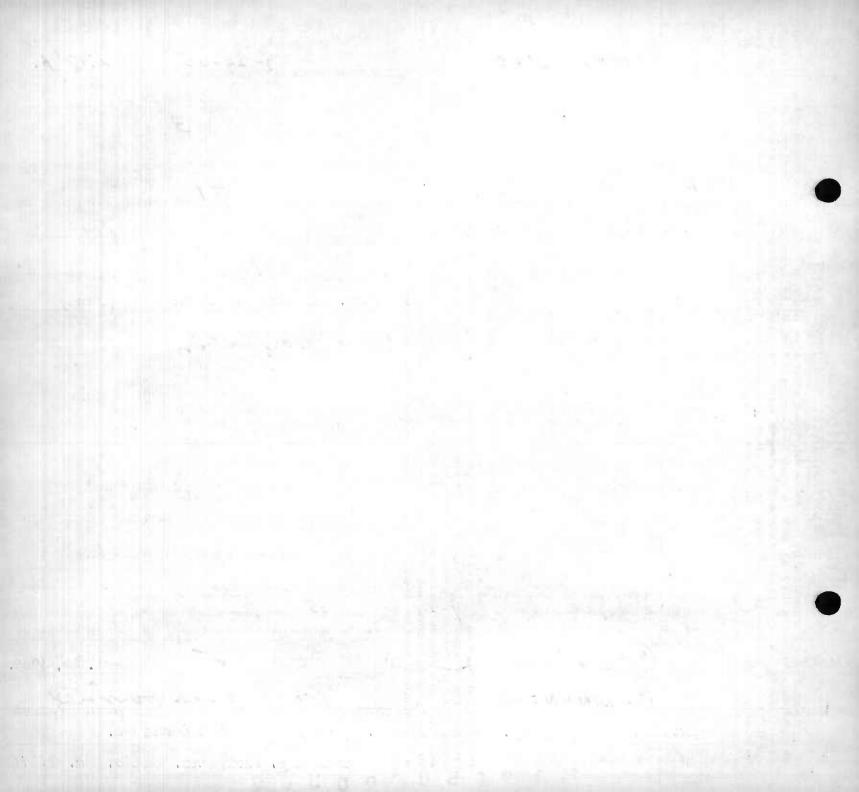
BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.		
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print) GWENDOLYN JOHNSON	2. DATE AND HOUR PRONOUNCED DEAD		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Sept. 25, 1965 1:25 A _{M.} [4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)		
3. FLACE IN BALTIMORE MARILAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
HOSPITAL OR ADDRESS OR LOCATION)	The state of the s		
Provident Hospital	Baltimore 0		
7	D. STREET ADDRESS (If rurol, give locotion)		
	1712 Greenmount Ave.		
female negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED MARRIED (Specify) MARRIED NO FOR STANDARD STA	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 23 Will. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF		
done during most of working life even if retired) HOUSE WIFE 113, FATHER'S NAME	BALTO MARILAND WHAT COUNTRY?		
HANAURICE	Nancy tisdala		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	HARRY RICE - 1801N. BROAN WAY.		
18. 33.31 CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH (This does not mean the mode of dying, e.g., Due to	sy and fatty metamorphosis of the liver		
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)			
moly of complication which coused death.			
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO			
UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED		
WAS PERFORMED	yes IN CERTIFYING CAUSES OF DEATH?		
ZIA. EXTERNAL CAUSE WAS O UNDERLYING □ OR CONTRIB- home, form, foctory, sheet, home, foctory, sheet,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?		
UTING CAUSE OF DEATH.			
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
m, WORK AT V	WORK		
I certify that I held an Inquiry Inspection A	ond that an this bosis, death In my opinion		
resulted fram: Natural causes X Accident Suiçi	de Hamicide Undetermined manner		
1/1/2:1A-7 ()	CHIEF MEDICAL EXAMINER		
ACTUAL (/// Hymry)	DATE SIGNED		
	ASSOCIATE MEDICAL EXAMINER 9/25/65		
Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER		
23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)		
REMOVAL (Specify) 9. 78-65 Ash 1 Men	word Asherter (Asta Ca) Mal		
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	WORLA MORESTOR SACORESS		
OFO OF ACCE A	1733		
SEP 27 1965 Robert E. Farbeyma	MASHAY W. JONES Ja. HARFORDAYE.		
VS 151-REV. 1/1/65	00743		

31-35-98	0022	TE OF DEATH Registered No. 65 9832
FR proes	M.E. CASE NO.	TE OF DEATH
pital and of death Decease to on the ath. Such	1. NAME OF DECEASED (Type or Print) James Whitaker 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH September 25, 1965 2:45 P.M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
a hospital cause of d use; (5) Dece endance or to death.	FULL NAME OF Of HOSPITAL OR Oddress or locotion) Baltimore City Hospitals	Maryland c. CITY OR TOWN (If outside city limits, write RURAL and give township)
ed in ting d caus r atte prior	4940 Eastern Avenue Baltimore, Maryland 21224	D. STREET ADDRESS (If rural, give location)
rage p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yi. If Under 24 His. Months! Days Hours Min.
occu ontri ermi regu	Male Negro Separated 103. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OF INDUSTRY	
or condether and the condether conde	Laborer Storage	Maryland U.S.A.
nt if death direct or c; (4) Undet h was in n the decidisposition	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME LAnnie Brown
Ssistant the di kind; death nee on final di	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) Ilf yes, give wor or dates of service) 16. SOCIAL 2125EURIT 967	RECORDS: BCH 4940 Eastern Avenue 21224
L DIRECTOR: IMPO dical examiner or his a ical examiner. Also, if rns; (3) A fracture of any sician who pronounced was in regular attendanains are embalmed or	hoost foilure, asthenia, etc. It means the disease, injury of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost.	ebro-Vascular Accident 6 Hours
FUNERAL Le chief me by a med 2) Body bu e the phy physician v	DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
=======================================	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., i OR CONTRIBUTING CAUSE OF home, form, foctory, street, of the control of the cont	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
ved b hosp natur ept v d (6)	21D. TIME (Month) IDoy) IYeor) IHour) 21E, INJURY OCCURRED While At Not Whi At Work	21F. HOW DID INJURY OCCUR?
any de the control of	22. I certify that (I) (this hospital) attended the deceased from Sethat (I) (we) last saw the deceased alive an September 2 and haur and from the causes stopped above. (I) (We) (did) (did nat)	ptember 23, 1965 to September 25, 1965. 5, 1965 and that In(my) (our) apinion death accurred an the date
ust be a desed to dent of ospital death) must be	23A. SIGN ATURE	238. DATE SIGNED
3 6.0 5 6	Phy	
0 - 0 - >	23C. PHYSICIAN'S NAME IType) Day Alexander Cilyronner M.D.	4940 Eastern Avenue Balto. Md. 21224
P	24A. BURIAL CREMATION, REMOVAL ISpecify) 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (State)
This certhe bod shows: (was D.G decease	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	Howard Co. Md. 25C. FUNERAL DIRECTOR 1735 ADDRESS
¥ 4 5 3 4 3	SEP 27 1965 Robert & Farleyna	Marshall W. Jones, Jr. Harford Ave.

1 m / m

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10 - U-114



INTERVAL BETWEEN

ONSET AND DEATH

Male

ues 18.

CERTIFICATION

Salesman 13. FATHER'S NAME

RTIFICATE OF DEATH Registered No.

CAUSE OF DEATH

	BIRTH NO.	MEDICAL EX	AMINER'S CEI
5-460	1. NAME OF DECEASED	GORDON Lee	SHEELER
	3. PLACE IN BALTIMORE	MARYLAND, WHERE PRONOU	NCED DEAD
	FULL NAME OF HOSPITAL OR AD	NOT IN HOSPITAL OR INSTITU DRESS OR LOCATION)	TION, GIVE STREET
3	Mercy F	Hospital	T. Committee of the com
	5. SEX IG. RACE	7. MARRIED	NEVER MARRIED R

White

lliam Sheeler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown), (If yes, give wor or dotes of service)

uw

done-during most of working life, even if retired)

	Septembe	r 24,	1965	9:30 A
A. STATE Ma	ryland	В.	COUNTY	esidence before odmiss
C. CITY OR TO	WN (If outside corpor	rote limits,	write RURAL	ond give township)
Ва	ltimore			573-00

2 DATE AND HOUR PRONOUNCED DEAD

, STREET ADDRESS (If rurol, give location) 56A Oakgrove Drive DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) 68 married 11. BIRTEPLACE (Side or foreign country) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY?

16. SO CIAL SECURITY NO.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive Heart Failure (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES

Arteriosclerotic and Hypertensive WMKRK Cardiovascular Disease.

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DISEASES OR CONDITIONS, IF ANY, GIVING

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes

21 A. EXTERNAL CAUSE WAS 3 0 UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED (Hour) (Doy) (Yeor)

I certify that I held an Inquiry

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?

OF INJURY MHILE AT NOT WHILE 22.

Autopsy X ond that on this basis, death in my opinion Suicide Homicide Undetermined manner

21 F. HOW DID INJURY OCCUR?

resulted from: Notural couses X Accident/ ACTUAL elle

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 9/24/65

(State)

EXAMINER'S NAME (Type) Charles S. Petty, M.D. 23A. BURIAL CREMATION, 23B. DATE

23C, NAME of CEMETERY or CREMATORY

orraine

Inspection

23D. LOCATION (City, town, or county)

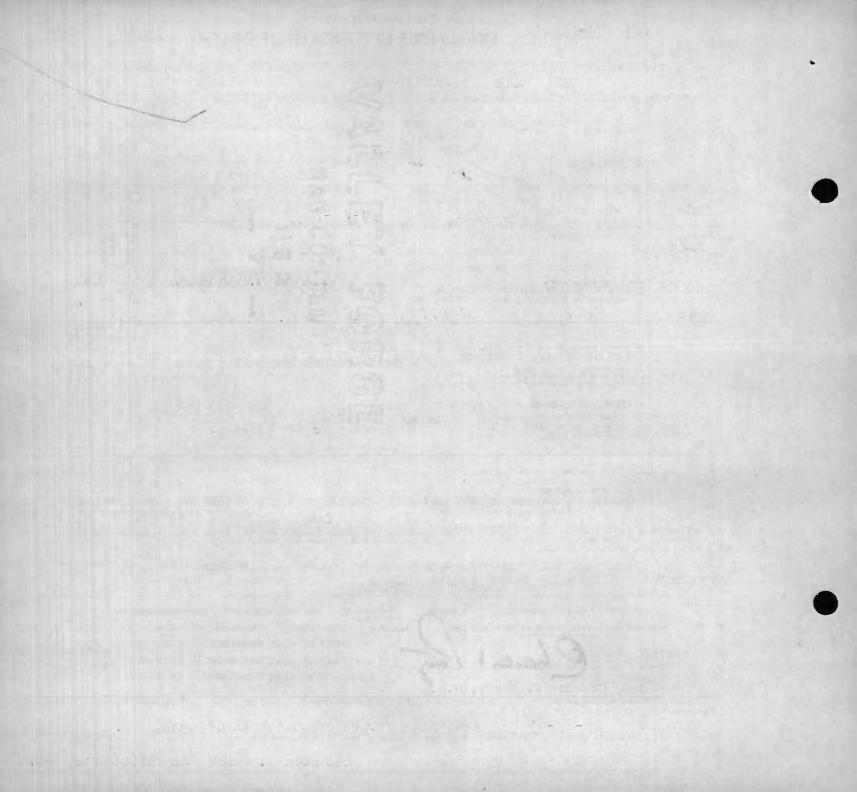
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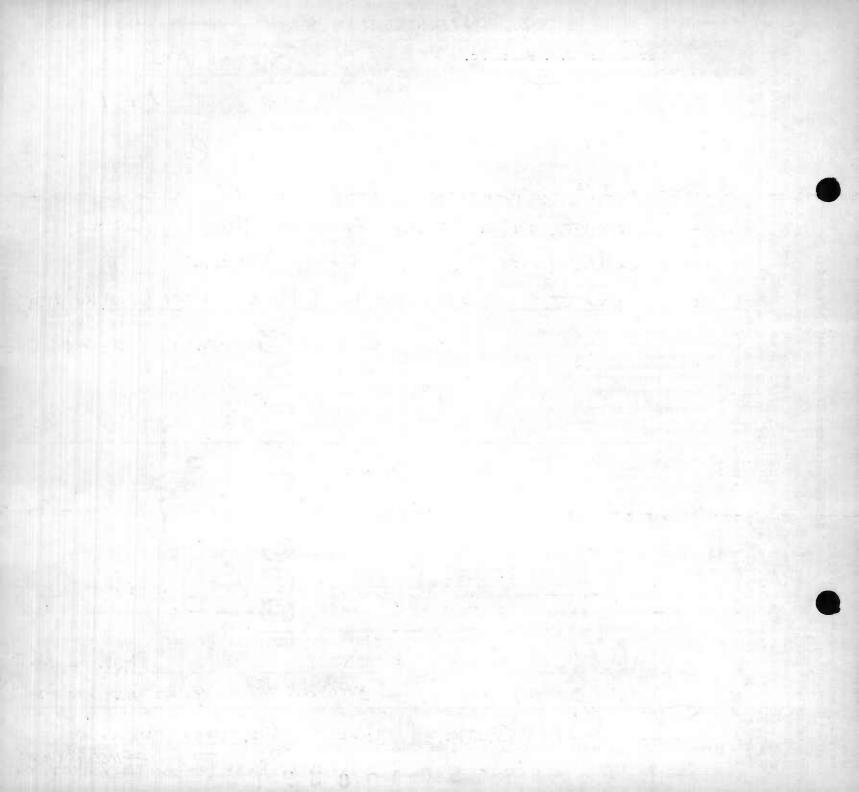
24B. NAME OF REGISTRAR

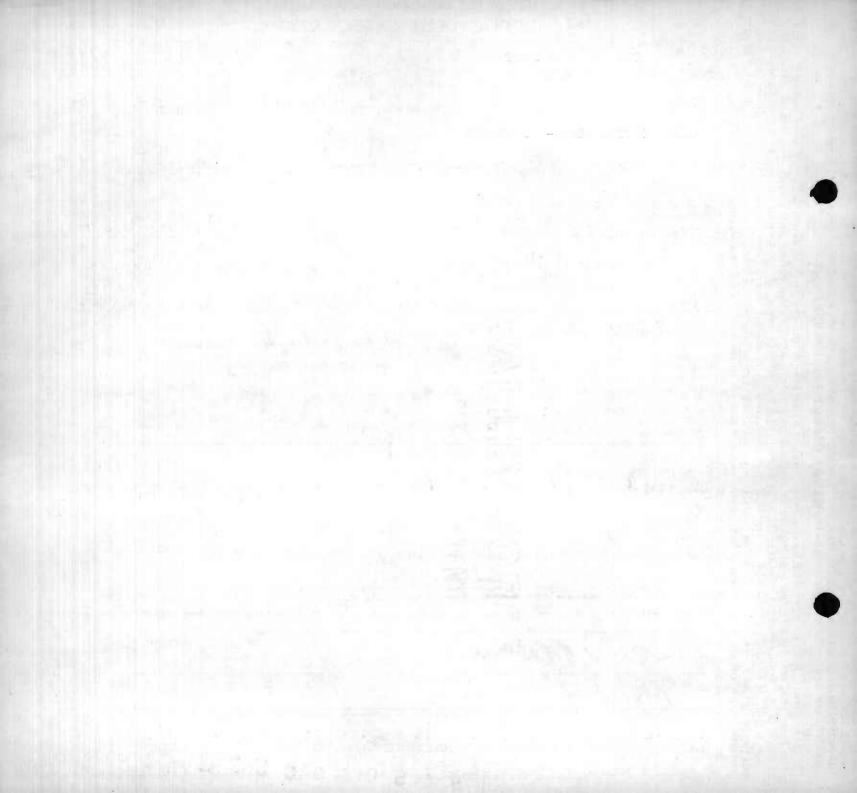
Leonard J. Ruck Inc Baltimore, Md.

VS 151-REV. 1/1/65

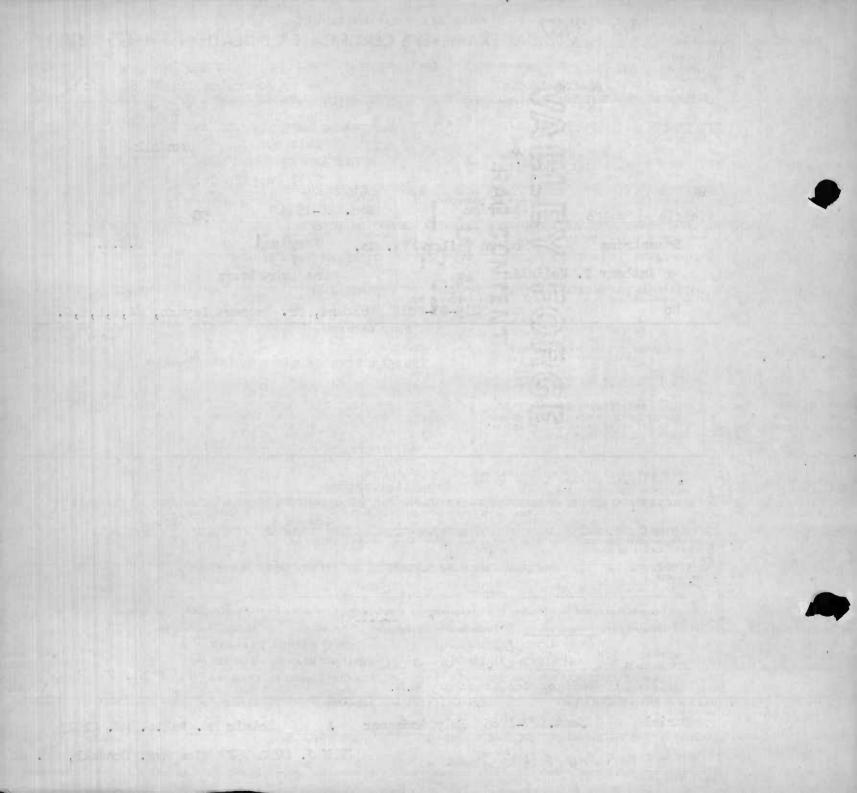
REMOVAL (Specify)



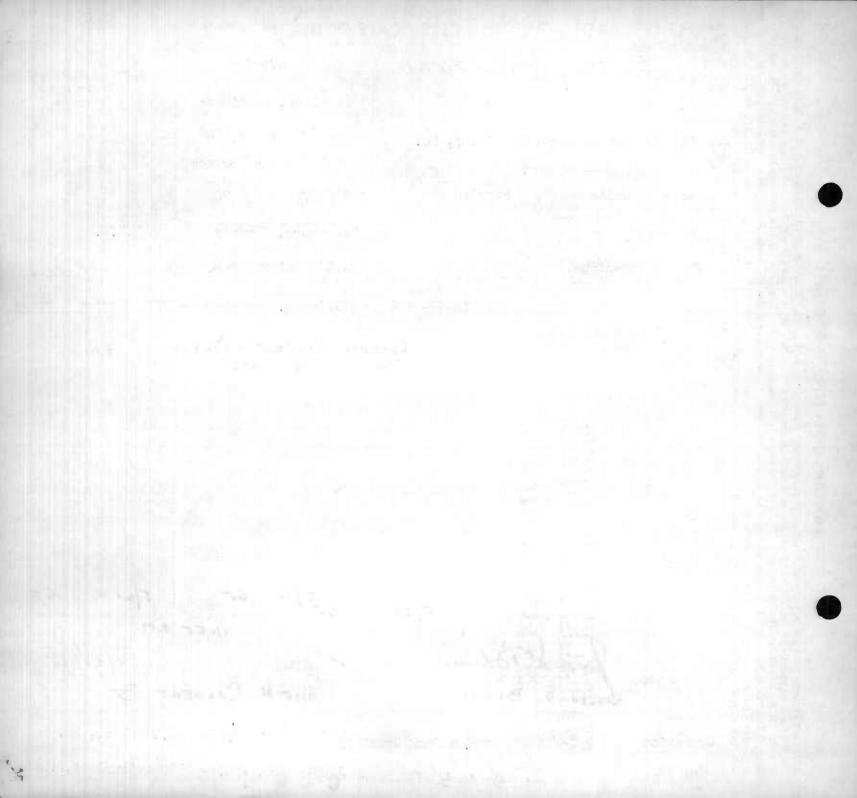




BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE	OF DEATH Registe	ored NoS 9077
M.E. CASE NO.			7007
1. NAME OF DECEASED	2.	DATE AND HOUR PRONOUNC	ED DEAD
ALDONA LAYMAN		September 22,	1965 9:00 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE		litution: residence before odmission) JNTY .ltimore
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN	(If outside corporate limits, write	RURAL and give township)
		imore Dund	ialk
City Hospital		Ulf rurol, give locotion) Dunglen Ct.	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
female white WIDOWED, DIVORCED(Specify)	Dec. 28-191	שכ	Months, Doys, Hours, Min.
done during most of working life, even if retired) Seams tress Modern Tailor Mfg.	1 1	le or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAID		0.000
Anthony T. Veliulis	Ona T	ukosicwcz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown)(If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT		ADDRESS
No No 215-03-0019	Husband, Mr	. Leonard Layman	, #4,a,b,c,d.
18. / / CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH (A) Hypert	ensive card	iovascular disea	se
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the discose, injury or complication which coused death.)			
injuly of complete which coused decina			
ANTECENDENT CAUSES (B)			Carry State of the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE			
UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	asthma		
DISEASE OR CONDITION CAUSING IT. Bronchial G 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION		es or No) 20B, IF YES, WERE FII	NDINGS CONSIDERED
WAS PERFORMED	Yes	IN CERTIFYING CAU	SES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	in or obout 21C. WHE	RE DID (If in Boltimore City, gi	
UNDERLYING CONTRIB-	office bldg., INJURY O	CCUR?	
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED		DID INJURY OCCUR?	
(APPROX.) m. WHILE AT NOT WORK AT W	ORK ORK		
22. I certify that I held an Inquiry Inspectian Aut	apsy and th	at an this basis, death in n	ny apinian
		Undetermined manne	er 🗌
		ICAL EXAMINER	
ACTUAL MARTINE		ICAL EXAMINER X	DATE SIGNED
EXAMINER'S Budican Projector M.D.			Sept. 22, 1965
23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (City,	, town, or county) (State)
Burial Sept. 27-1965 Holy Redeem		Belair Rd. Bal	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C, FUNERAL I		ADDRESS
SEP 27 1965 R. De B & Farberson	JOHN J.	DUDA 7922 Wise A	ve. Dundalk, Md.
VS 151-REV. 1/1/65			



VS 150-REV. 1/1/65



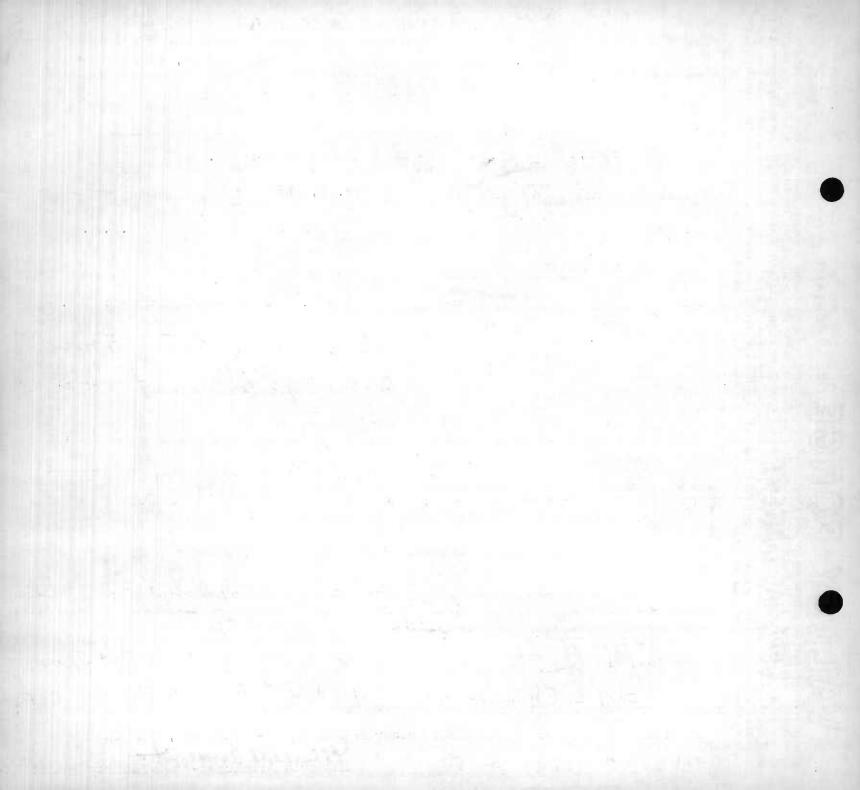
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



			BALTIMORE CIT	HEALTH DEPARTMENT	/	OF OOAO
IRTH NO.	110	9840	CERTIFICA	TE OF DEATH	Registered Na.	65 9840
	F DECEASED			2. DATE	NO HOUR OF DEATH	
Type or Po	IN A	ANE, MARGARI	ET E.		-22-65	7:20AM_ A
. PLACE	OF DEATH IN BALTI	MORE, MARYLAND		A. STATE B. COL	nere deceased lived. If in INTY	stitution: residence before odmission)
FULL N	AME OF (If not	in hospitol or institution, g	ive street	MARYLAND	*	(Juanel
INSTITU	TION	GNES HOSPITA	M	ELKRIDGE	outside city limits, write l	RURAL and give township)
0		MORE, MARYLA			If rurol, give locotion)	000
		· indian	Was all	RT HABOX	424	
S S EX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. 11 Under 24 Hrs. Months: Doys Hours: Min.
F EMA!		E MARRI	ED	JAN. 1898	75	
	most of working life, eve		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
-BE	IRED House	enoth Own	n Home	MARYLAND		U.S.
3. FATHE	ES NAME	- 11.1.		14 MOTHERS MAIDEN N		1
	11/1/197	m Marks	性自然体育 學學 門房	Mary E.	Small wo	od
5. Was D	nknown) (If yes, give	wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
HARM	MINI M	mm	Unknown	ST. AGNES H	SPITAL REC	ORDS BALTO.29, M
1B.	40,31		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR COND		n	and it is	undata.	- A
	does not meon the	e mode of dying, e.g.,	DUE TO	actory aren	etil-	(, , , , , , , , , , , , , , , , , , ,
	at camplication whi	c. It means the disease, ich coused death.)	ni di	1 +	en rogy	-
	ANTECEDEN	T CAUSES	(B) Ref	actory anem	uw)	
		IONS, if any, giving				
UND	RLYING CONDITIO	ouse (A) stating the ON lost.	(C)	**************************************	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
_	- 11					
≅ TO	THE DEATH BUT	NOT RELATED TO THE				
U 19A, D	ATE OF OPERATION	198. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A, D		WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
OR CO	CCIDENT WAS UND	DERLYING 21B.	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Bottimore	City, give exact location)
	(notily medical exam	miner) etc.)	.,,,, , , , , , ,	The state of the s		
DEATI	(14 (1) (5	Poy) (Year) (Hour) 21 E.	INJURY OCCURRED	21E HOW DID I	JURY OCCUR?	
DEATI	IURY (Month) (D					
DEATI	JURY	Whi	le At Not Whi	le 🗆		
DEATI OF IN (APPR	JURY OX.)	Whi Wor is haspital) attended th	k At Work	le 🗆	19ta	<u> </u>
DEATI DEATI 21 D. T OF IN (APPR	JURY OX.) certify that (1) (thi	Wor	k At Work	9-10-65		
DEATH OF IN (APPR 22. I	JURY OX.) certify that (1) (thi (1) (we) last saw th	Wor is haspital) attended the	At Work de deceased fram 9-22	9-10-65	that in (My) (aur) api	
DEATI OF IN (APPR 22. 1 that (and h	JURY OX.) certify that (1) (thi (1) (we) last saw th	Wor is haspital) attended the	At Work se deceased fram 9-22 (We) (did) XdAX not)	9-10-65 19 65 and	that in (XXX (aur) api	
DEATI OF IN (APPR 22. 1 that (and h	certify that (1) (thi (1)Xwe) last saw th aur and fram they co	Wor is haspital) attended the	At Work deceased fram 9-22 (We) (did) (did/xnat)	9-10-65 19 65 and view the bady after death	that in (My) (aur) api	nian death accurred on the dat
Z1D. TOF IN (APPR 22. 1 that (and h) 23A. Si	certify that (1) (thi (Xwe) last saw th aur and fram the co	wor is haspital) attended the deceaned alive an ausses fated above.	At Work de deceased fram 9=22 (We) (did) XdAdXnot)	9-10-65 19 65 and view the bady after death	that in (XXX (aur) api	nian death accurred on the dat
Z1D. TOF IN (APPR 22. 1 that (and h) 23A. Si	certify that (1) (thi (1)Xwe) last saw th aur and fram they co	wor is haspital) attended the deceaned alive an ausses fated above.	At Work de deceased fram 9=22 (We) (did) XdAdXnot)	9-10-65 19 65 and view the bady after death pirector Director	that in (XXX (aur) api	nian death accurred on the date
21D. TO F IN (APPR 22. 1 that (and h 23A. Si	certify that (1) (thi (Xwe) last saw th aur and fram the co	wor is haspital) attended the deceaned alive an ausses fated above.	At Work de deceased fram 9=22 (We) (did) XdAdXnot)	9-10-65 19 65 and view the bady after death pirector Director	that in (XXX (aur) api	nian death accurred on the dat
21D. TO F IN (APPR 22. 1 that (and h 23A. Si	certify that (1) (this (1) (we) last saw the aur and from the community of	is haspital) attended the deceard alive an	At Work de deceased fram 9=22 (We) (did) XdAdXnot)	9-10-65 19 65 and view the bady after death or start of the start of	stoff Soft al Ba	23B. DATE SIGNED 9-22-65 140, Mds
21D. TO F IN (APPR 22. 1 that (and h 23A. Si	certify that (1) (this (1) (we) last saw the aur and from the community of	is haspital) attended the deceard alive an	At Work de deceased fram 9=22 (We) (did) XdAdXnot)	9-10-65 19 65 and view the bady after death or start of the start of	Stoff Phys. S Stoff Phys. S SERVICE TO BA	23B. DATE SIGNED 9-22-65 140, Mds

THE VEHICLE STATE

REPLACE SURVEY CASE SERVED AND AND ASSESSED.

A THINKS IN THE STATE OF THE ST

The first of the second of the

Walter Committee of the Management of the Manage

SOUTH SALTO CEU MOSE

F W WIDDW PERSON

Selection of the select

survey of the state of little to be survey

CA, PAUCREAS 5 20

GO SERVIDICE NO

9-23-61 9-23-61

Easter platory

South Washing Ting Himes

23C. NAME OF CEMETERY OF CREMATORY

BETH TFILOH

MaD. ASSISTANT MEDICAL EXAMINER X

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

September 22, 1965

(State)

(City, town, or county)

BALTIMORE, MARYLAND

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

ACTUAL

REMOVA URTAL

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type) 23A, BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

Rudiger Breitenecker, M.D

24B, NAME OF REGISTRAR

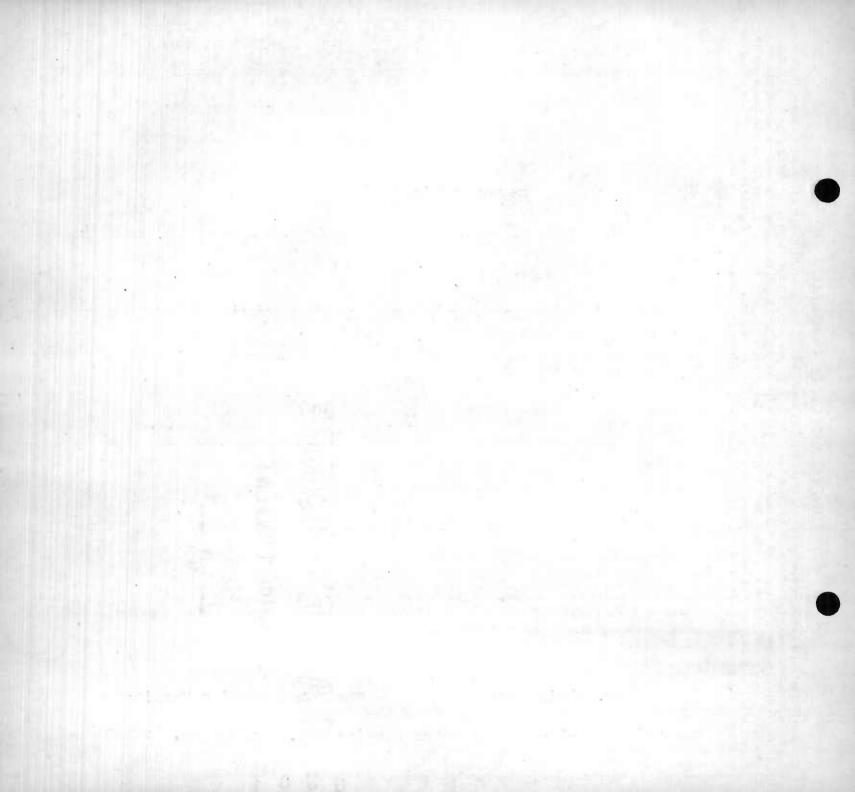
9/23/65

MOTEST NAME SPIRE TATION

TALTIMITE, MENTERS

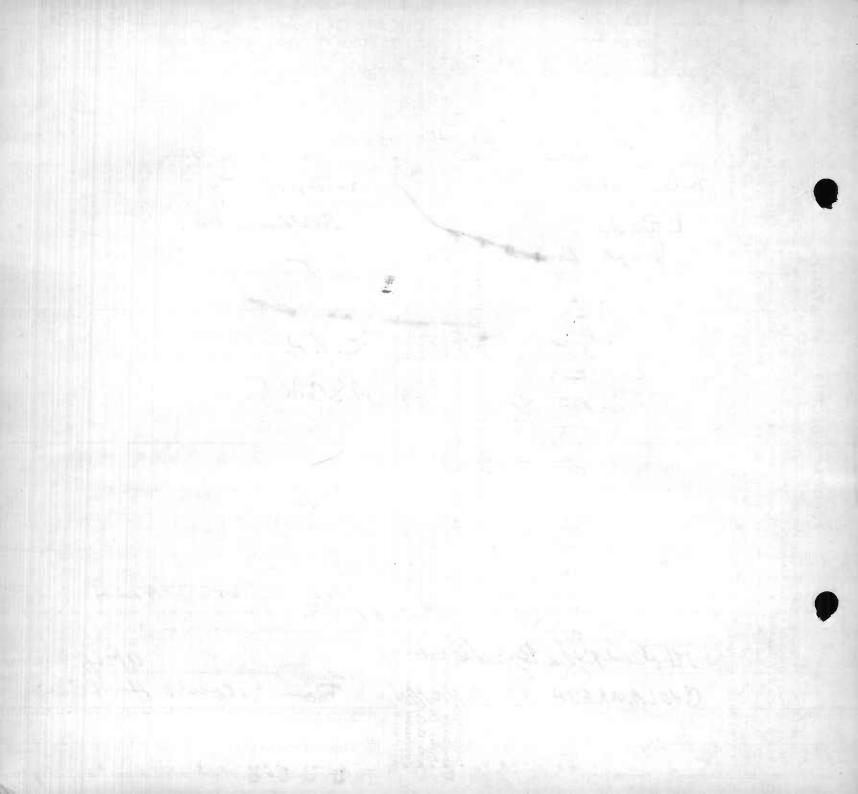
AND PRINCES & FRANCISCO SOLD STREET

797	65-24410 BALTIMORE CITY HEALTH DEPARTMENT	5 9844 .
EDOF.	RITH NO. A.E. CASE NO. GERTIFICATE OF DEATH Registered No.	3044
0 0 4 0	NAME OF DECEASED YOU OF PANT. LE LIZABOTE DATE, AND HOUR OF DEATH YOU OF PANT.	. 115.
3	PLACE OF DEATH IN BALTIMORE, MARY AND A DOY OF USUAL RESIDENCE (Where deceased lived. If institute	tion: residence before admission)
	FULL NAME OF (If not in haspital or institution, give street) A. STATE B. COUNTY Thus the street of the state of the sta	11/1
	HOSPITAL OR INSTITUTION Addiess or locotion) C. CITY OR TOWN (If outside city limits, write RURA)	and give fownship)
/	D. STREET ADDRESS (If rural, gade location)	5210
-	Johns Harris Hoseifel 37. Calvest	St.
5	6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Harried) Modern DIVORCED (specify) 10st birthday) Modern Mod	Under 1 Yr. If Under 24 Hrs.
1	never married 9-24-65 New Parket Darket Description (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF
d	one during most all warking life, even if retired)	WHAT COUNTRY?
1	3. FATHER'S NAME	4 3/1-
	TURNER HNDREW ELIZABETH GU	icen
1	5. Was Deceased Ever in U. S. Armed Forces? (es, na arunknown) (If yes, give war or dates af service) 16. SOCIAL SECURITY NO.	annapolia)
_	31 Cay	Curt ST INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	15 minutes
	(This does not meon the made of dying, e.g., DUETO heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, if any, giving	
	underlying condition last.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED
	YES	ly, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	y, give exact location
L	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) While At Not While Not Work At Wark	
	22. I certify that (1) (this hospital) attended the deceased from 600 mm 9124 19 62 to 615 A	m 9/24 1965
	that (I) (we) last saw the deceased alive on 19 ond that is (my) (our) opinion	n death accurred on the date
	ond haur ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE	B. DATE SIGNED
	M.D. Attending Med. Director Phys.	9/34/65
	23C. PHYSICIAN'S NAME (Type)	
	Dr. Elwin Berger M.D. The Johns Hopkins Hospi	
1	REMOVAL (Specify)	awn, or county) (State)
1	cremation 9-24-65 The Johns Hopkins Hos. Baltimore, Ma SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR TO	T ADDRESS
	SEP 27 1965 Robert E. Farbura HOSPITAL DISPUSA	LD
1	'S 150-REV. 1/1/65	



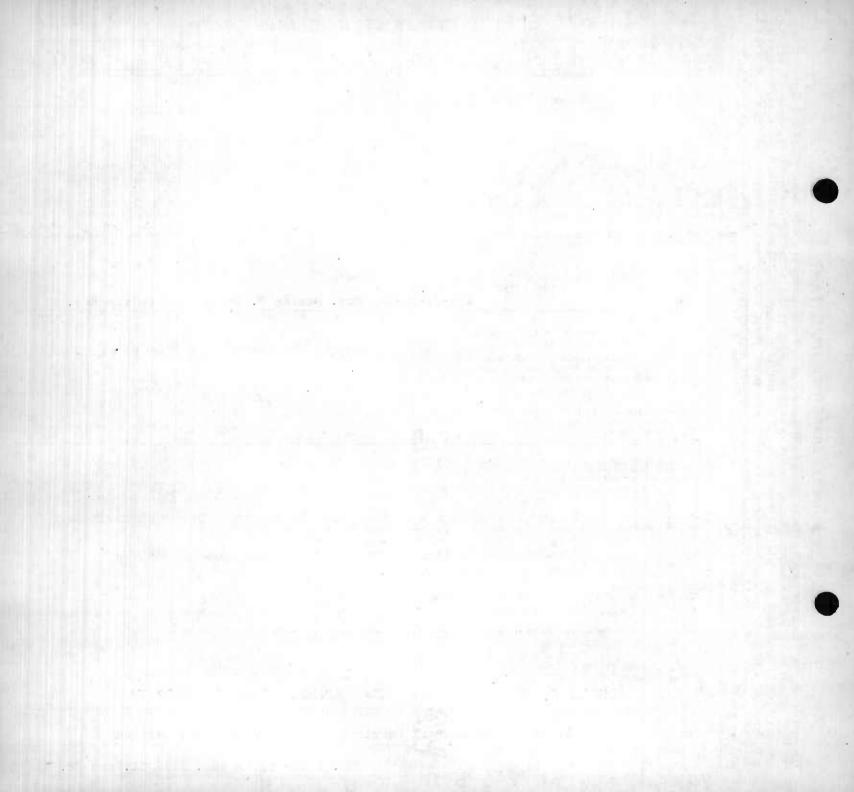
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FUNERAL DIRECTOR:



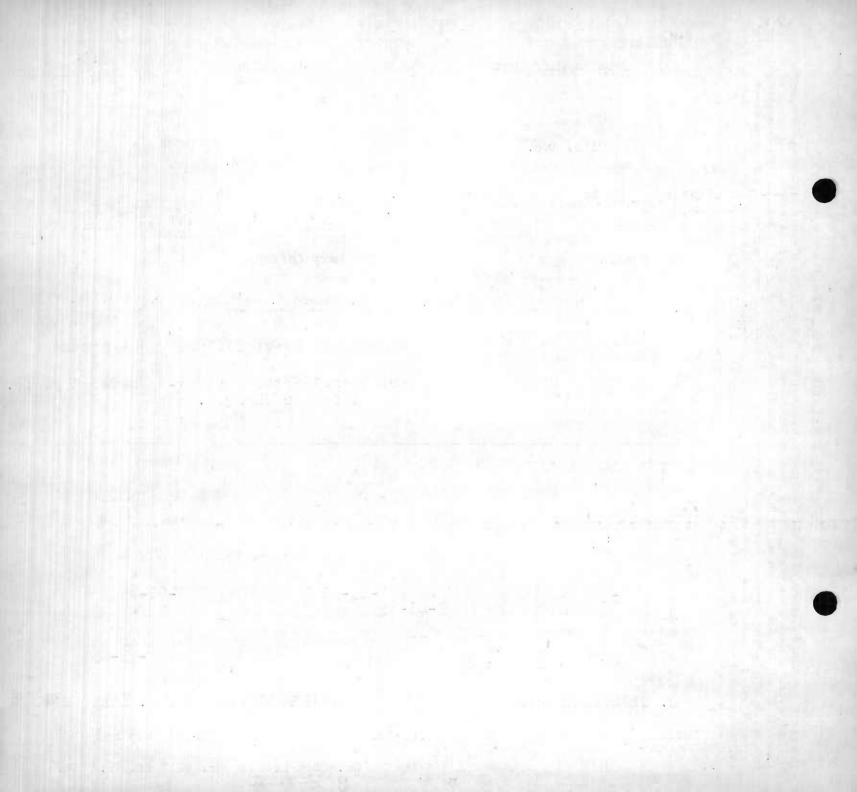
VS 150-REV. 1/1/65

6907 contra from the Ballons 43 1854 EL Still Lorden Barrielle Barry No. - 213-07-5427 HARMED REGING " Wender & Paritie 240/ Burgame Trees Freezeway Med 71.18



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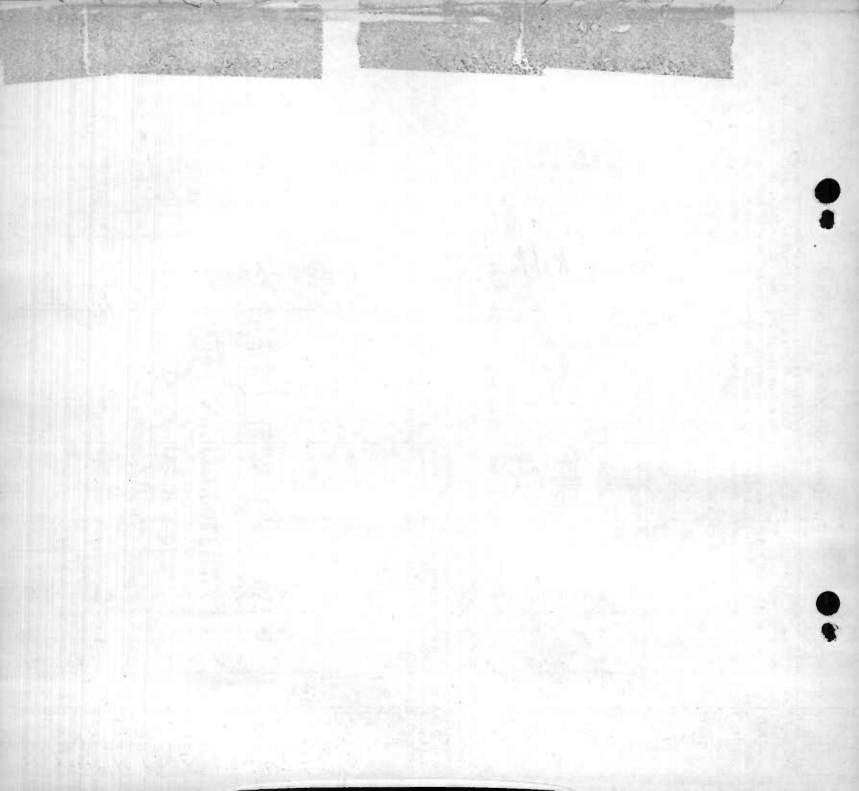
BALTIMORE CITY HEALTH DEPARTMENT



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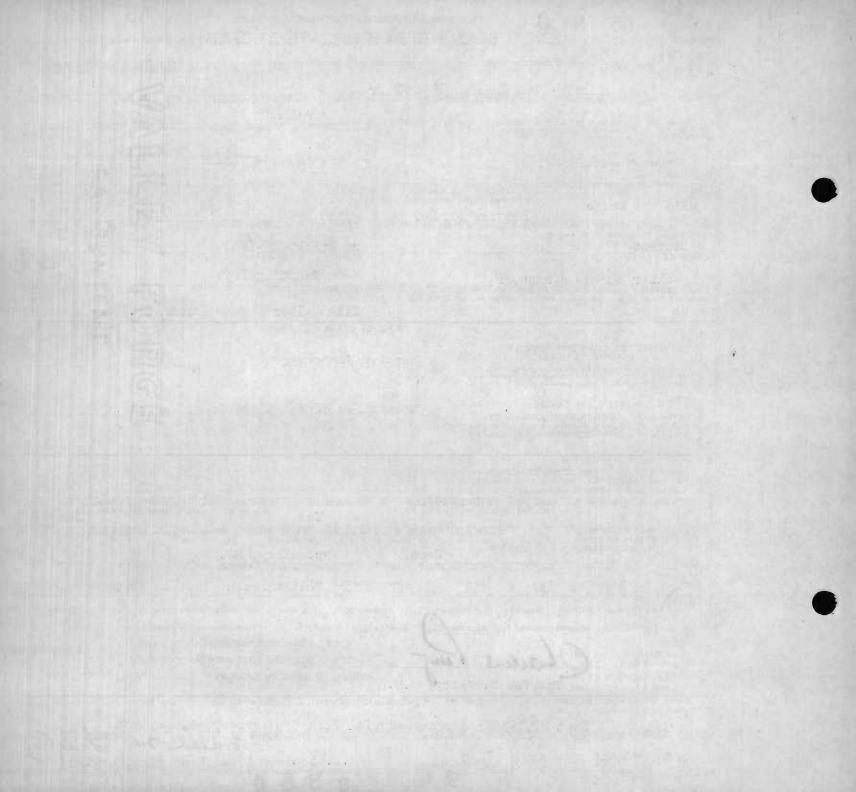
DIRECTOR:

FUNERAL



VS 151-REV. 1/1/65

M.R. Etchison & Son, Frederick, Maryland



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state of the second state

-474 Franklin Square Hosps SILL ENMON ASIE 43 - 200/1/-1 Louisianna Frank Da Mico Mary Glorioson Bulmony Endelsin Byrng For Kim Franklin Square Her

BIRTH NO. M.E. CASE NO.	65 MEDI	ICAL EX	KAMINER'S CE	RTIFICAT	E OF	DEATH Regi	stered No.		
I. NAME OF DE	CEASED					D HOUR PRONOU			
(Type or Print)	NANCY	Lee	ENGLE		Sept	ember 23,	1965	12:01 A	
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where	deceased lived. If	institution: re	esidence before odmissi	
					yland	В. (TINDO		
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET			e corporate limits,	write RURAL	ond give township)	
INSTITUTION				Ba1	timore		1	A	
Un	iversity Hosp	ital		D. STREET ADDR		give location)			
4	1			844	W. Ba	1timore St	reet		
5. SEX	6. RACE			B. DATE OF BIRTH		9. AGE (In ye	ors If Un	der 1 Yr. If Under 24 F	
Female	White		DIVORCED (specify)	Feb.15,1942			Month	Aonths Doys Hours Mi	
	TIPATION (Give hind of world	Marri	F BUSINESS OR INDUSTRY				12 (1	TIZEN OF	
	working life, even if retired)	TOUR MIND O	DOSINESS ON HIDOSINI		-	gir cooniny?		S. S.	
Waitre	SS			Marylar				U.D.	
13. FATHER'S NAM				14. MOTHER'S MA					
	ohn R. Gilber				E. WO	odward	-	The State of	
15. WAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDR		
No	(If yes, give wor or dote		218-40-0082	John L.	illbert	, Owings 1	illis,	MQ.	
18.	1 /		CAUSE	OF DEATH				INTERVAL BETWEE	
9	101							ONSET AND DEAT	
2 - 7 - 7	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons amplication which caused		(A) Gener	alized Sep	osis	••••			
injury or co	implication which caused	deoth.)							
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST.	NY, GIVING	DOKXX in	to Subdia	hragma	f Spleen vitic area o	due to	th infection	
O THE	II GNIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING	LATED TO							
19A. DATE OF	F OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY?		208. IF YES, WERI			
ZIA. EXTERNA	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. W	HERE DID	(If in Boltimore City	, give exoci	location)	
	USE OF DEATH.	etc.)	a, rollin, rocioty, sheet, o	mes mugi, maj UKT	OCCOR:				
E 21D TIME	(Month) (Doy) (Yeo	r) (Hour) :	21E. INJURY OCCURRED	21F. HO	W DID INI	URY OCCUR?			
OF INJURY (APPROX.)	tivioniii) (20), (160		WHILE AT NOT W	WHILE					
22.	rtlfy that I held an 1	ngulry	Inspection Aut	opsy X and	that on th	is basis, death I	n my apin	ian	
			4)						
resu	Ited from: Natural ca	uses X	Accident Suicide			Undetermined mo	nner		
ACTUA			1/-		DICAL EX			DATE SIGNED	
SIGNAT		aules 5	/ CELLY M.D.	ASSISTANT ME	EDICAL EX	KAMINER X		9/23/65	
EXAMI	NER'S	oc C D	11	ASSOCIATE MI				9/23/03	
23A, BURIAL CRI	EMATION, 238. DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City, town, c	or county) (Stote)	
REMOVAL (Specification)		25,1965	Finksburg		F	inksburg,	Md.		
24A. DATE REC'D		248. NAME	OF REGISTRAR	24C. FUNERA				ADDRESS	
SEP ;	27 1965 R.C.	88:	Farber M.A			Sons, Reis	tersto	wn, Md.	
VS 151-REV. 1/1.		1	6 5 0	n n	9 1				

Fob. 15, 1962

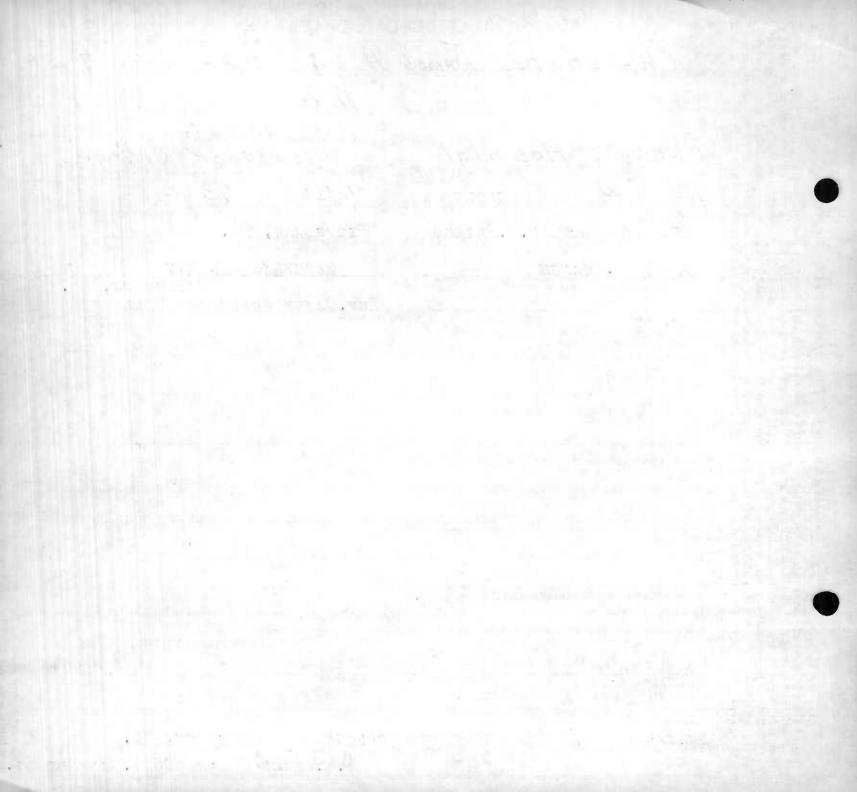
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Justin . S. mick

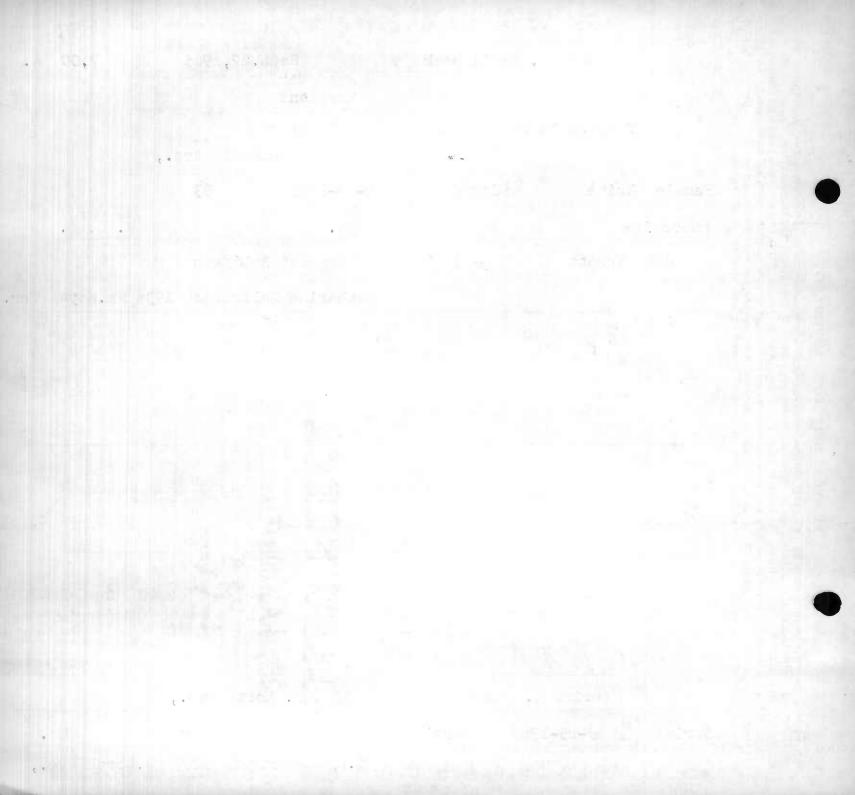
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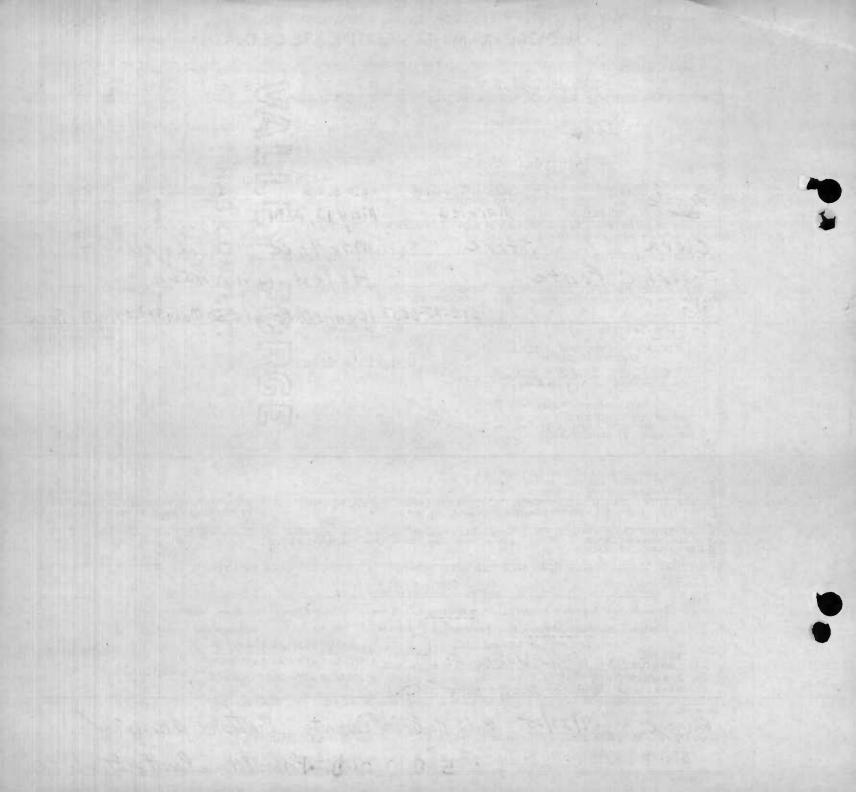
Deceased e on the ath. Such	BIRTH NO. M.E. CASE NO. 1. NAME OF DECEA	* *	CERTIFIC	ATE OF DEATH	Registered Na	
S	(Typo or Print)		, Thelma Elizabeth	A CONTRACTOR OF THE PARTY OF TH		
h.	3. PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND ETTERDETH	4. USUAL RESIDENCE (V	Vhere decoesed lived. If	1965 7:00 A
danc dec	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location	or institution, give street	Maryland C. CITY OR TOWN	outside city limits, write	8-05
2 0	11	Ch Tononi	b Warnettan	Baltimore 21	(If ruiol, give location)	
19 de 19	/	St. oosep	h Hospital			
9 9 9	5. SEX 6	RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yi., If Under 24
ed E			WIDOWED, DIVORCED (specify)		lost birthday)	Months Doys Hours Mi
eg as as	Female	Colored	Married	1-9-1927	38	
2		ATION (Give kind or worl rking life, even if retired)	10B, KIND OF BUSINESS OR INDUS	IRT 11. BIRTHPLACE (State of	toroign country)	12. CITIZEN OF WHAT COUNTRY?
s ir	Homema			Baltimore, Ma	aryland	11-54
as as	13. FATHER'S NAME		*	14. MOTHERS MAIDEN		
was ir was ir the de ispositio	81	m	O Marie Marie Marie Marie Marie	agoside. 20	11	
4 5 5	2000	No 1/4		17. INFORMANT	neu-	ADDRESS
eath e on al d	(Yes, no or unknown)	yeı in U. S. Armed For	ces? 16. SOCIAL Security No.	17. INFORMANT	. 11	ADDRESS
deat deat ince o		noi		William	Well	Somme L.
dai	18. 44.	5 V I	CAUSI	OF DEATH	Engl.	INTERVAL BETWEEN
000	DISEASE	OR CONDITION DI	RECTLY	OF DEATH		ONSET AND DEATH
atte		EADING TO DEATH	Chr	onic renal failu	re secondary	
	(This does no	meon the mode of	dying, e.g.,		mertension.	AA YEAA AAA Y AA OO AAA AA CAA AO OO AO OO OO OO OO OO OO OO OO OO O
ar ba		sthenia, etc. It meons ication which caused			For company	
200	A1	TECEDENT CAUSES	(B)	2		
700	DISFASES OR	CONDITIONS, if	DUE TO	60 148		
- 0		obove cause (A)				
ns n	UNDERLYING	CONDITION last.	- 0 and 0 and	na muwaya musuud aa a a a a oo a a uu a uu oo oo oo oo oo oo oo oo a oo a oo oo a oo a a oo a a		
Hai		CANT CONDITIONS CATH BUT NOT RELA				
ian e re	A DISEASE OR C	ONDITION CAUSING	Т.	Too A	N. V. con	
th.	H IVA. DATE OF C	PERATION 198. CON	DITION FOR WHICH OPERATION	ZUA. AUTOPSY? (Tos or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
D	E 214 4 5 5 15 5 15	MAC HAIR PRI WAY	7 210 61 / 22 22 1111	No		
for	OR CONTRIBILIT	WAS UNDERLYING	home, form, foctory, stree	g., in or obout 21 C. WHERE DIE , office bldg., INJURY OCCUR	? (It in Bollimo	one City, give exact location)
00	DEATH (notify of	nedicol exominer)	otc.)			
3	OF INJURY	Month) (Doy) (Your)			INJURY OCCUR?	
	E (APPROX.)		While At Not V	While C		
D ta	22 1	(I) (abi - b '-) attended the deceased fram		10.65	ntember 24 10 C
0						
pe	that (I) (we) I	ast saw the decease	d alive an September	44, 19 05 and	that in (my) (aur) a	oinian death accurred an the
TSOF	and have and	fram the causes sta	ted abave. (I) (We) (did) (dld na	t) view the bady after dear	th.	
	23A. SIGNATUR	1 1	/ ^			23B. DATE SIGNED
	41	sheller 4.0	Halit M.D.	Attending Med. Phys. Director	Stoff Phy s.	September 24,
	23C.PHYSICIAN	s	, 40 001	23D. ADDRESS		- opound na,
2	23C. PHYSICIAN NAME (Typ	e) Pionello C	Molit		4 O. D	
2		Fiorello G				imore, Maryland
-	24A. BURIAL CREM	ATION, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D	LOCATION (City, town, or county) (St
approv	REMOVAL (Sp	1	· > 1 ()		n ho	Mat X
	Burel	9-21-	KIST MIT (a)	Perk Dark	MANTHUR	un / vu
itten ap	Burial	Y HEALTH DEPT.	25B. NAME OF REGISTRAR	125C FUNERAL DIREC	TOR	ADDRESS
shows: (1) was D.O.A deceased written ap	Burial	9-21- Y HEALTH DEPT. 7 1965 P. C.	25B. NAME OF REGISTRAR	25C FUNERAL DIRECT	TOR DOORE	ADDRESS



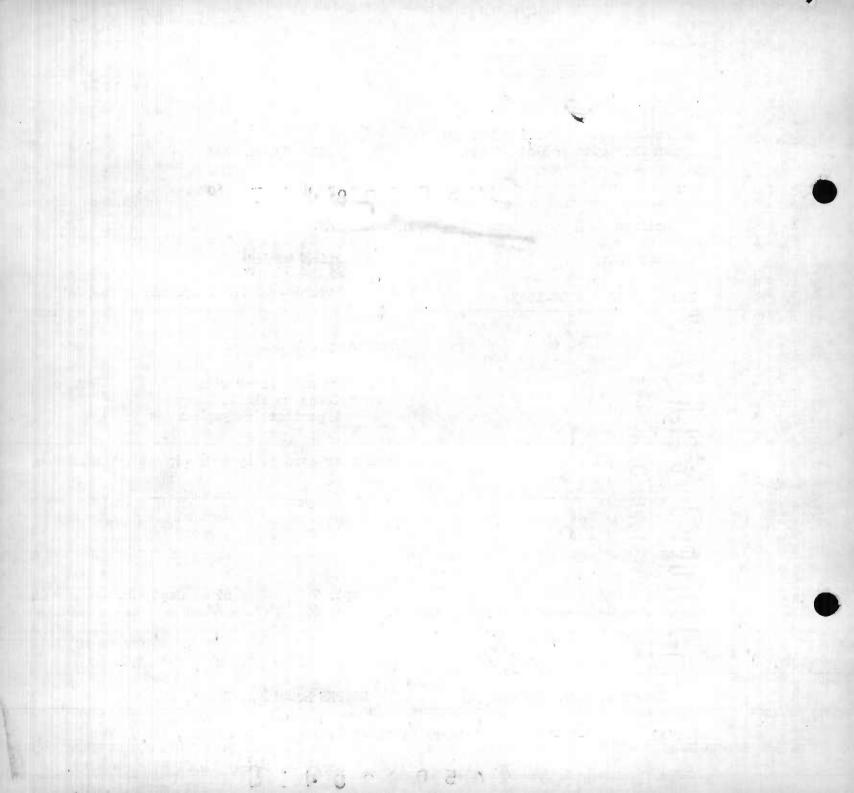
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	TO DATE AND HOUS REQUESTED DEAD
(Type or Print) MARGARET HAYNTE	2. DATE AND HOUR PRONOUNCED DEAD
	September 22, 1965 7:00 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission a. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 3
4124 Hayden Ct.	D. STREET ADDRESS (If rurol, give locotion)
	4124 Hayden Ct. Karry Land
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H
white white married with the married	Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
Clerk Store	Mariland 11.5.4.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph C. Fonte	Helen unknown
5. WAS DECEASED EVER IN U.S. ARMED, FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
NO 212-28-665	1 Kenneth Haimix 50 Main St Leyington Park
18. /) / X , CAUS	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hode	rkin's diagram
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)	gkin's disease
many or demander which deduced desired	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.	No_
UNDERLYING □OR CONTRIB- home, farm, foctory, street,	, in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
	WHILE WORK
22. I certify that I held on Inquiry Inspection XX Au	utopsy ond that on this bosis, death in my opinion
resulted fram: Notural case XX Accident Suici	de Homicide Undetermined monner
(11.0)	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER X
	ASSOCIATE MEDICAL EXAMINER Sept. 22, 1965
NAME (Type) Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	A a control (city, lowil, or country) (stole)
Bureal 9/27/65 Balle nations	d Cometin Ballemed Moudened
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
SED OF 10CE O O E O TO O A	
SEP 27 1965 Roberto E, tarbeyan	allower to the Care truly of the Care
VS 151-REV. 1/1/65	The standard of the standard o



BIRTH NO.	65 9	1000	CERTIFICA	TE OF DEATH	Registered No.	5 9860
M.E. CASE 1. NAME OF (Type or Prin	DECEASED				D HOUR OF DEATH	
	CORDUS WILL			Sept	t. 21, 1965	5 P
FULL NA HOSPITAL	ME OF (If not in hospi OR address or loc	itof or institution; solion)	to the second se	Md. C. CITY OR TOWN (11 qui	side city limits, write RU	JRAL and give township)
	n Pk. Drive &			8436 Church	rurol, give locotion) 1 Road	
5. SEX	6. RACE W DCCUPATION (Give kind of	Mar	NEVER MARRIED D. DIVORCED (specify) PIGO ON THE PROPERTY OF	B. DATE OF BIRTH 7/12/05 13: BIRTHPLACE (State of fore)	60	If Under 1 Yr. If Under Months Days Hours
done during m	etired	d)	Grandsych	Ky.		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS	ess Embry			Alice Burder	1	
15. Was Dec (Yes, no or un Yes	onsed Ever in U. S. Armed (If yes, give wor or CG 1928	Forces? dotes of service) -1953	1 6. SOCIAL SECURITY NO.	17. INFORMANT Records- US	PHS Hospital	ADDRESS L, Balto, Md.
1B. /	56111		CAUSE	DF DEATH	(Russ Day	INTERVAL BETWE
150	ISEASE OR CONDITION LEADING TO DEA pes not mean the made	тн	(A) Pu	lmonary edema	***************************************	Hours
hearf fo	lure, osthenia, etc. II me complication which cau ANTECEDENT CAU	ans the disease, sed deoth.)	Ad.	enocarcinoma live		Months
rise k	S OR CONDITIONS, the obave cause (YING CONDITION last.	if any, giving	DUE TO	metastases to sk & periaorti	ull, lungs c lymph node:	S
TO THE	SIGNIFICANT CONDITIONS E DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO TH	Left ven	ticular cardiac :	hypert r ophy	Months
19A. DA	E OF OPERATION 198. C	ONDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED SES OF DEATH?
OR COM	CIDENT WAS UNDERLYIN TRIBUTING CAUSE OF Inotify medical examiner	G 21 B. hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
21 D. TIA OF INJU	RY ,)	Whi				
	rtify that (I)/(this hosp (we) last saw the dece			Sept. 7 1	9 65 to Sept	
ond hos		stated above	1 /	View the body ofter death.		238, DATE SIGNED
NA NA	SICIAN'S ME (Type)	OU	Ph	23D. ADDRESS	Stoff Phys. X	9/22/65
24A. BURIAL	homas J. Lau,		M.D.			, town, ar county)
Buri	AL (Specify) PORT 9-24- REC'D BY HEALTH DEPT.		ltimore Natio	nal Cemetery E	Baltimore, Ma	aryland
CED	0.7 10CE A =	0 7	0	George J. Gon		tchie Hgwy.
V\$ 150-REV.	1/1/65	DE. 100	44,19	0 8 4 1 5		ore 25. Md.



1194	CE	0004	BALTIMO	RE CITY I	HEALTH DEPARTMENT		65 00	004
BIRTH NO.	93	9861	CFRTI	FICAT	E OF DEATH	Registered Na	00 00	101
M.E. CASE NO.	CEASED		CLITTI	10/11		AND HOUR OF DEAT		
(Type or Print)							,	
2 PLACE OF D	John Mc D	ougall	p)	11	4. USUAL RESIDENCE (W	21-65	in stitutions socidor	9 P.
S. PEACE OF B	tarii iii bariiii oki	, MARILAND	was a second		A. STATE B. COL	INTY	A II	CI S
FULL NAME		spital ar instituti	an, give street	-4	Maryland	Baltimore	16	TUR
HOSPITAL OF	d oddress or lo	ocation)		85/AL	C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give	tawnship)
		100	rang.		Baltimore	City		
St.	Agnes Hosp	ital	tax	nd Bit		If rural, give location)		
		100 mm			1015 N. Wo	odington Av	e.	
5. SEX	6. RACE		ED, NEVER MARRIED		. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys	If Under 24 H
M	W	Marr	wed, DIVORCED (sp. i ed		June 9, 1906	FO.	Wollins Doys	Hadrs IVIII.
OA. USUAL OC	CUPATION (Give kind				1. BIRTHPLACE (State or fo	reign country)	12. CITIZEN C	
	ol working life, even if re						WHAT CO	
Printee		isment o	n paper bag			nia, Penna.	U. S	. A.
3. FATHER'S NA	AME		w m	.m ~ 1	4. MOTHERS MAIDEN N	AME		
	John Me D	otieall	all remailed and indicate	Mary As	San San San San	cah Lynn		
5. Was Decease	d Ever in U. S. Arme	d Forces?	1 6. SOCIAL	1	1015 Wooding		ADD	RESS
No No	vn) (If yes, give wor a	r dotes of service	184-05-79	-				. 21229
					Mrs. Catherine	E. Mc Doug		
18.	20.1		C	AUSE OF	DEATH			T AND DEATH
DISEA	ASE OR CONDITION LEADING TO DE			Mani a	andial Tufana	4.4		
(This does	nol mean the mod		(A) DUE		ardial Infarc	clon		
heart foilure	, asthenio, etc. II n	neons the disec						1 1
injury or co	omplication which co	oused death.)	.4	Co	ronary Arteri	osclerosis		3
A STATE OF	ANTECEDENT CA	USES	(B) DU E	TO	**************************	**********************		1-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
	OR CONDITIONS,							
	he above couse NG CONDITION los		the (C)_					************************
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Z OTHER SIGN		N. CONTRIBUTI	TING					
E TO THE	NIFICANT CONDITIO	RELATED TO						
	R CONDITION CAUS		OR WHICH OPERATIO	N.	20A. AUTOPSY? (Yes or	Noil 20R IS VES WED	E EINDINGS CON	SIDERED
19A. DATE C		S PERFORMED	OK WHICH OFERALIC		Y-2	IN CERTIFYING C	AUSES OF DEATH	H?
III Luc	ENT WAS LINDEDLY	NG	21R BLACE OF INILI	av (a a ia	or obout 21 C. WHERE DtD	YES (II in Rolling	ore City, give exa	at Insation)
OR CONTRI	ENT WAS UNDERLYI	F	home, larm, factory,	street, office	ce bidg., INJURY OCCUR?	tii in pointin	ore City, give exci	ci idconon)
DEATH (noti	ly medical examiner)		etc.)					
OF INJURY	(Month) (Day) ((Year) (Hour)	21E, INJURY OCCUR	RED	21F. HOW DID I	NJURY OCCUR?		
(APPROX)				Not While At Work				
20.1					0/21	1965 to 98	5 6 /2	1/6
411	y that (1) (this has			am O p				19.65
that (1) (we	e) last saw the dec	eased alive	in Sept	2!	19 6 J and	that in (my) (aur) a	pinian death ac	curred an the d
and haur a	nd fram the causes	s stated abave	. (We) (did) (di	d not) vi	ew the body ofter deot	1.		
23A. SIGNAT	TURE						23 B. DATE SIG	NED
	NON	gno	2 "	Allen Phys.	ding Med. Director	Stoff Phys.	SEPT	22, 1963
23C. PHYSIC		1			D. ADDRESS	.,, -,		, , , ,
NAME	William E.	Signor		M.D.		es Hospital		
NA BURLAL CO			NAME A STATE			*		
REMOVAL		240	NAME of CEMETER	T OF CREA	MAIORY 24D.	LOCATION	City, tawn, ar cou	nty) [Stote]
Bur	ial 9/25	/1965	Loudon I	ark	B	altimore, Ma	ryland	
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAA	NE OF REGISTRAR		25C. FUNERAL DIRECT			DDRESS
SEP 27	1965 120	8 8 A	arleu MA		Enstone	Muel-07	1 19	
VS 150-REV. 1/1	1/65	3	6 5 0	70	and all st	1 July	Wine_	~~~

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Serial Ser

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Brillyth , bearing

B-4551	Rion	BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65	9862
sed the coh	M.E	CERTIFICATE OF DEATH Registered No. CASE NO. AME OF DECEASED [2, DATE AND HOUR OF DEATH	
f de eceas	(Тур	GEORGE WASHINGTON BELLMANN 9/24/65	1 7:45 A M.
9 0 9 5	3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whole deceased lived. If institution at the state of the state o	on: residence before odmission)
5 8 0 P P		FULL NAME OF (If not in hospital or institution, give street address or location) NSITIUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, while RURAL)	nnd give township)
L C C C C C C C C C C C C C C C C C C C	14/1	INION WEMORIAL HOSPITAL BALTIMORE (If rural, give location)	3-00
ed in dead in a cau		2816 MUNSTER ROA	D
ribut ribut ribut rined pular	S. S	EX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specifi) 3/17/84 last birthday) 81	Inder 1 Yr. If Undar 24 Hrs. ths Days Hours Min.
oct ontherm reg	104	. USUAL OCCUPATION (Give kind of work 10B, KING OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
or on dec	don	turte CROWN CORK 45 EAC CO. MARYUAND	USA
wassine	13.	FATHER'S NAME	
The direction of the discount	15.	HRED DELLMANN Was Deceased Ever in U. S. Armed Forces? In o or unknown) (If yes, give wer or doles of service) SECURITY NO. 17. INFORMANT MRS. ELGERT SECURITY NO.	ADDRESS
SSISTAN THE dinty death	(Ye	UNK NO 213-01-0325 PATIENT 28 16 MUN	ISTER Rd.
MPORTAN his assistan lso, if the di of any kind; unced death tendance on		18. 4 20 1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
MF Iso, of of of then		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronase heart	
A: A		This does not mean the mode of dying, e.g., heart followers as sometiments of the control to the	
CTOR: caminer. A fractu		ANTECEDENT CAUSES (B) DUE TO	
Kam		DISEASES OR CONDITIONS, if any, giving	
DIRE		UNDERLYING CONDITION last.	
AL medicedic edic edic hysi		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNER chief re chief a m by a m 2) Body	CERTIFICA	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
FU the cal by ; (2) B		21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR?	giva exact location)
ed by nospit ature pt wh (6) N	MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.)	
y n xce		22. I certify that (t) (this hospital) attended the deceased from 6:30 pm 9/20 19 65 to 7:45 At	m 9/24 1965
app to the total far to		that (4) (we) last saw the deceased alive on 745 Au 9/24 19 65 and that in (mg) (our) opinion	death occurred on the date
sed sed ant o prita		ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.	DATE SIGNED /
must beleased		M.D. Attending Med. Stoff Phys. Director Phys.	9/24/65
0 - 0 - 5		23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	1/ 1/03
ificat was 1) An A. al	244	ROBERT N. WHITLOCK M.D. UNION MEMORIAL HOSPITAL	
cert body vs: (D.O asse	6	URIAL 9/27/65 OAKLAWN BALTO. Co.	vn, or county) (Stote)
This cer the bod shows: was D.C weitten	25/	SFP 27 1965 R. D. & E. Farry M. S. W. Staffmann 3218	HUDSON ST.
- 4 1 7 0 7		150-Rev. 1/1/65	21224

TODERTON. WITLOCK

THE COURSE HOUSE

W.300

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH .

BIRT	TH NO.	MEDI	CALE	AMIINEK S CI	EKTIFICA	E OF DEA	I L Kedizie	rea Na	
_	E CASE NO.								
1. NAME OF DECEASED (Type or Print)					2. DATE AND HOUR PRONOUNCED DEAD				
		JAMES WADE				Septembe	r 25, 19	065	9:25 AM.
3. P	LACE IN BAI	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	ENCE (Where deceos	sed lived. If inst	itution: resider JNTY	nce before odmission)
FUI	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION. GIVE STREET	Mar	yrand			
HO	SPITAL OR	ADDRESS OR LOCA	TION)			VN (If outside corpo	prote limits, writ	e RURAL ond	give township)
	,				Bal	timore	/	15-	50
1		Bon Secour Ho	ospital			RESS (If rurel, give I		EALS!	
1					35:	15 Spring	daleA	ve.	
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTI	H II'	AGE (In years	If Under 1	Yr. If Under 24 Hrs.
1	male	negro		Married	Nov. 26		34	TVIOITIII'S D	oys i noors i will.
IOA	USUAL OCC	CUPATION (Give kind of work	1			State or foreign coun		12. CITIZEN	OF
don	e during most of	working life, even if retired)			Bel+tv	none Md		U.S.	COUNTRY?
13.	FATHER'S NA	ME			14. MOTHER'S M	nore, Md.		0.0.	A.
15	WAS DECEAS	James E. Wa			IVIAIT	le Shiple	J	ADDRESS	
(Yes	no or unknow	n) (If yes naive wor or date	tes of service) 16. SOCIAL SECURITY NO.						
	100	MATT			Marie V	wade 351	5 Spri	ugnare	Ave.
	18.	1 X .		CAUSE	OF DEATH				NTERVAL BETWEEN
	Dise	ASS OF CONDITION DI	ECT V					1 °	NSET AND DEATH
	DISEA	ASE OR CONDITION DI LEADING TO DEATH		Conomo	limad non	itonitis			
	(This does	not meon the mode of	dying e.g.,	DIJE TO					
	injury or co	omplication which coused	deoth.)	Gun	isnot woun	d of the a	bdomen		
		ANTECENDENT CAUSE	,						
		OR CONDITIONS, IF A		(B)DUE TO	***************************************				
	RISE TO T	HE ABOVE CAUSE (A) ST	TATING THE	552.10					
Z	ONDENET	into continuit Lasi.		(C)		,			
ERTIFICATION		1							
3		SNIFICANT CONDITIONS							
三		DEATH BUT NOT REI		HE					0 * 0 0 0 0 0 0 * 0 0 0 0 0 0 0 0 0 0 0
ENT.	19A. DATE O			WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 208, 1			
Ü	2	WAS PER	FORMED		Yes		RTIFYING CAU	SES OF DEAT	TH?
Y		AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	HERE DID (If in B	oltimore City, gi	ve exoct loca	otion)
EDIC.	UNDERLYING	COR CONTRIB- USE OF DEATH.	hame etc.)	, form, foctory, street, o	ffice bldg., INJURY	OCCUR?			
ME	-15 TIME			street		300 N. F		e.	
	OF INJURY	(Month) (Doy) (Year		IE. INJURY OCCURRED		O AN DID INTRIA OF	CCUR?		
	(APPROX.)	9 21 65	8:10	VORK NOT AT W	ORK XX S	hot during	alterca	tion	
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		A _		\neg 71					1/
	rasu	ilted from: Natural car	ses A	Accident Sujcid			ermined mann	er	V
	ACTIL	. 1/1/	1. ~	1	CHIEF M	EDICAL EXAMIN	IER		DATE SIGNED
	SIGNA		r Clail	45 CK MOD.	ASSISTANT M	EDICAL EXAMIN	IER X		
	EXAMI	NER'S			ASSOCIATE M	EDICAL EXAMIN	HER	Sept. 2	25, 1965
	NAME	11000202		ecker, M.D.					
	AOVAL (Speci		23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATI	ON (City	, town, or cou	onty) (Stote)
	urial	9/29	/65	Baltimore A	Tatl. Cer	n. Balt	imere,	Md.	
24/	. DATE REC'E	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR			DRESS
		SEP 27 1965	DO B	F Faller 1.a	ul.	11 11 1	13.10	11/11/	/
		251 71 1903	April	FOO	a story	i G. Kylon	13481	N. Cals	been St.
VS	151-REV. 1/1	165 1 00 1	1. 14	0 0 0	0 7	6.5			

3515 Springdale ave.

Hever Married Nov. 26, 1930 34

James E. Sade Sr.

Enlithere, Md. - 1.5.3.

Waris Shipley

Marie Bade 3515 SpringDale Lvs.

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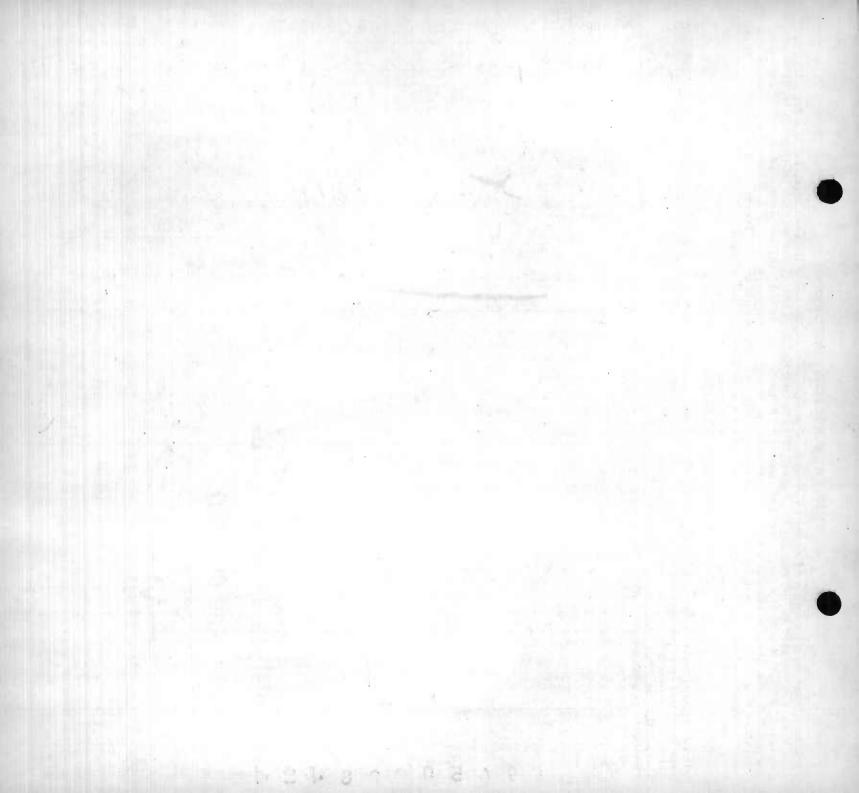
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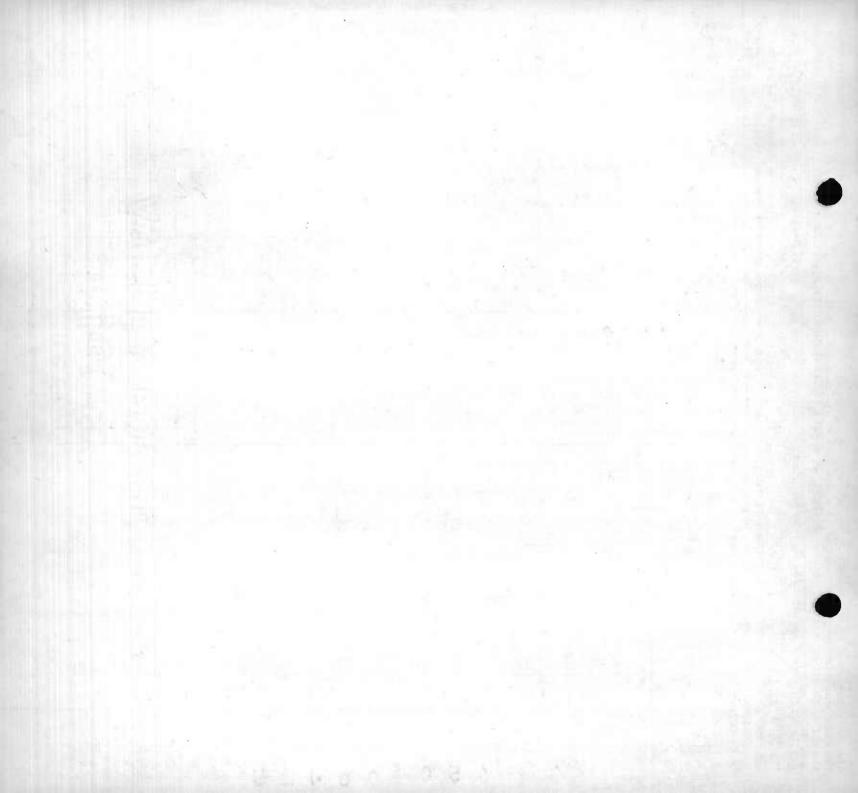
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Frank A. Sommary 1029 s. applement it.

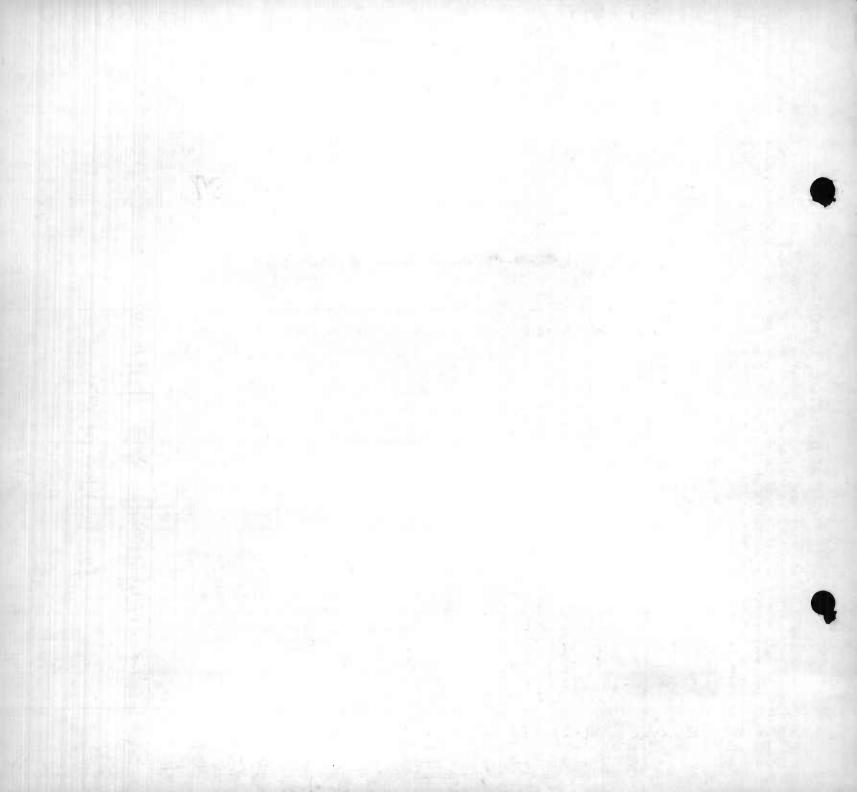
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-	0001		IT HEALIN DEPAKIMENT	65 9866
	54064	M.E. CASE NO.	ATE OF DEATH Registered No	00 0000
	spital and of death of death Deceased ce on the eath. Such	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH Sept. 24, 1965 14. USUAL RESIDENCE (Where deceased lived, If institution	9:30 A.M.
	de de de	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location)	A. STATE 8. COUNTY MANJOUL BACTIMOVE C. CITY OR TOWN (If outside city limits, write RURA	city
	ng cause cause; (5) attendan	UNIVERSITY HOSPITAL	BALTI MODE D. STREET ADDRESS (If rurol, give location)	5-03
	utiin ed ar			reet.
	occurred in ontributing ermined ca regular at eased prior is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		Under 1 Yr. If Under 24 Hrs.
	dec dec	done during most of working life, even if refired) Postal Worker U.S. Gou't	1 - /	CITIZEN OF WHAT COUNTRY?
-	thect (4)	13. FATHERS NAME Allen F. Lee	- May E. Jone	
TAN	kind; (kind; death	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
PORT	t t t	DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
3	Als nou att	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO	ulmonay Embolism	I he.
OR:		heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO		
IRECT	examexam (3) A n wh in re s are	DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) sloting the (C)		***************************************
AL D	medical medical burns; physicia an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	- Same Samuel Line	
NER	chief by a m Body the p hysicia	DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIND	INGS CONSIDERED OF DEATH?
J.	de la constante de la constant	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	, in or about 21C. WHERE DID (If in Bottimore City office bldg., INJURY OCCUR?	y, give exact location)
	D C C D	OF INJURY (APPROX.)		->
	the an an	22 Leastly that (()(this bassital) attended the decorate from	113/2611 1965 10 24	SEST 19 65
	leased to ident of c hospital (o death);	ond hour ond from the course stated above. (1) (We) (did) (did not)	view the body ofter deoth.	DATE SIGNED
	a ho to	16. Thand St. 13 cg of & vep. o. 5	Med. Stoff Phys. 230. ADDRESS	24 Sent 6 r
	was r An a A. at prior	23C. PHYSICIAN'S NAME (Type) RICHARD D. Bigg, M. M.I	o. UWIVERSITY 1	fos P-
	This certif the body shows: (1) was D.O./ deceased written a	24A. BURIAK CREMATION, 248, DATE 24C. NAME OF CEMETERY OF CO. REMOVAL (Specify) 9-28-65 Bafto, No. 12	L. Cem. Ba Himove	own, or county) (State)
	This certhe bod shows: was D.G decease	SEP 27 1965 Pole E Landy MA	25C. FUNERAL DIRECTOR	N. Calhon St
		VS 150-REV. 1/1/65	0 7 4 0	



,	100		65 9867	BALTIMORE CITY	HEALTH DEPARTMENT		65	0000
=	50050		H NO. MARIE E.	CERTIFICA	TE OF DEATH	Registered Na	00	3007
	of deat becease on th	1.1	AME OF DECEASED Harry Erns	f	2, DATE AN	en 35-6	51	1030
	of of corrections of	3.	LACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE I Whore	deceased lived. If instit	ution: resider	nce before odmission)
	56 Se de de		ULL NAME OF (If not in hospital or institution, give	e street	Balto	- Vud		
	cau use; tend		OSPITAL OR oddress or locolion	(2)/	C. CITY OR TOWN (If out:	side city limits, write RUF	AL ond give	township)
	and	10	Tanellelonoale	said Home	D. STREET ADDRESS WE	urol, give location)	1	
	de de de				413 11;	Million	Obel	•
	ccur itrib min gulo sed maa	5. :		EVER MARRIED DIVORCED (specify)		ost bintate	Under 1 You	Hours Min.
	re-		USUAL OCCUPATION (Give kind of work 108, KIND OF BL	USINESS OR INDUSTRY	11. BIRTHPLACE IStoto or forois	an country	2. CITIZEN	
	or or ninder	don	during most of working life, even if relired)		Palto	- Md.	WHAT	ountry?
	if dea ect or 4) Und was i the d	†3.	ATHERS NAME		14. MOTHERS MAIDEN NAM	1E		
		15	Vos Deceased Ever in U. Armed Forces?	1000円の場合を	き 一般	ac	4.00	BECC
	IMPORTAN r his assistant Also, if the di t of any kind; ounced death ittendance on ned or final di	(Ye	no or unknown) (If yes, give war of dotos of sorvice)	SECURITY NO.	17. INFORMANT		ADL	DRESS
	if any ced nda		DISEASE OF CONDITION DIRECTLY	CAUSE,OI	DEATH:	100	INTER	ET AND DEATH
	or hi Also, e of noun atte		LEADING TO DEATH	(A) Cor	raesture Hou	il Tailure		3 dans.
			(This does not meon the made of dying, e.g., heart failure, asthenia, etc. 11 meons the disease,	DUE TO	200	20		/
	miner fract o pr gula		ANTECEDENT CAUSES	[B)	Rycoard Dus	uffercy		
	Z A F B B B B B B B B B B B B B B B B B B		DISEASES OR CONDITIONS, if ony, giving	DUE TO		(1)	TOR	
	cal examiner all examiners; (3) A fractucian who prosin in regular ins are emba		rise to the obave cause (A) stoting the UNDERLYING CONDITION last.	(C)	leneralmod	Caliny.		
	edicaldicaldical	z	II		Unason	0a		
	A	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Correct gerre			
	NER hief ram a m a m a m a m a m a m a m a m a m	ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yos or No.	20B. IF YES, WERE FIN	DINGS CON	ISIDERED H?
		CER	21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF homo,	ACE OF INJURY le.g., in	or obout 21 C. WHERE DID	III in Boltimore C	ity, givo exo	ct location)
	+ = 0 0 0	CAL	DEATH Inotify medical examiner	form, foctory, street, of	ice bldg., INJURY OCCUR?		_	
	4 6 7 × 6	MEDI	OF_INJURY	IJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
	nat nat cept	2	IAPPROX.) While Work	At Work	-			
	the the any (ex an obt		22. I certify that (I) (this hospital) ottended the	13 21	/ / /	957 to XIE	git	25-1965,
V	of a		that (1) (week last saw the deceased alive on	L.	1965 ond the		n deoth oc	curred on the date
	ust be a leased to ident of hospital o death)	1	and hour and from the causes stated above. (1) (1)	(GIG) (GIG-IIGI) V	Tew the body offer deoff.		B. DATE SIC	ONED
	50.04 5-		M= g. Ley-	Phys	Piroctor	Stoff Phy s.	Mon	¥25-65
	0 - 0 - 5		23C. PHYSICIAN'S NAME (Type) WM G G	M.D.	156 M. V.	Wilton a		
	# C 4 B B	24/	BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY OF CRE			town, or cou	inty) Stote)
	ws: D.C		BURIAL 9-28-65 LOL	DON PK.	CEM.	Salto. M	101.	
	This cert the body shows: () was D.O decease	254	SEP 27 1965 Repeat 8	REGISTRAN TOLLEN MAN	25C. FUNERAL DIRECTOR	Den - 233	1 10	ODRESS
		VS	150-REV. 1/1/65	5000	0 1 3 2	433	10	though go



23A. BURIAL CREMATION, REMOVAL (Specify)

VS 151-REV. 1/1/65

65	9868	BALTIMORE CITY HEALTH DEPARTMEN

65

bo dob Baltimore City He	ALTH DEPARTMENT 65 9868
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
Type of Pripary	2. DATE AND HOUR PRONOUNCED DEAD
CARRIE JUSTO DIXO	ON September 22, 1965 5:50 P
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) Baltimore
Johns Hopkins Hospital	D. STREET ADDRESS (If rural, give location)
Johns Hopkins Hospital	
	1611 N. Gay Street
Female Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 11 Under 1 Yr. If Under 24 Hr. Manths, Days, Hours, Min.
IOA. USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
dane during mast af warking life, eyen if retired)	WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
The Distano	unknown
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no arunknawn) (If yes, give war ar dates of service) SECURITY NO.	allet The house
110	activelle francisco
18. H CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) Arte	eriosclerotic Cardiovascular Disease.
(This daes not mean the made of dying e.g., heat failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	······································
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
the state of the s	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Mark the second production of the second sec
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BOT NOT RELATED TO THE	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes at Na) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
₹ 21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.	
21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g.	s, in a about 21C. WHERE DID (If in Baltimare City, give exact location) affice bldg, INJURY OCCUR?
21D TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NO	T WHILE
m. WORK AT	WORK
	Autopsy ond that on this basis, death in my opinion
resulted from: Notural couses X Accident / Suic	Ide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
SIGNATURE Charles Colles M.	DATE SIGNED 9/23/65
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Tours) Charalas & Datter M.D.	

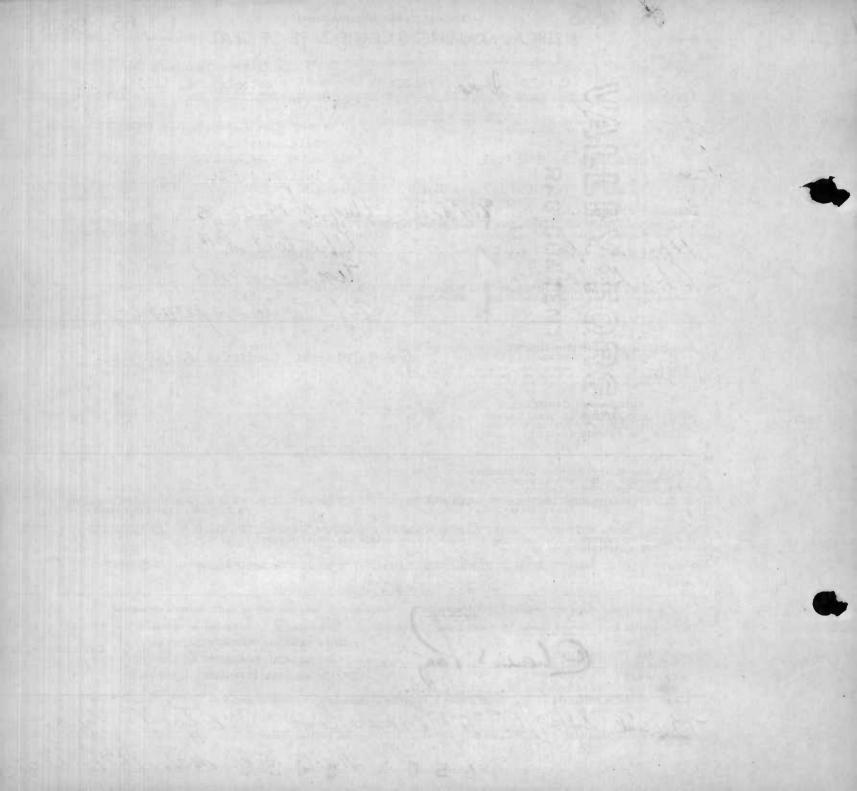
23C. NAME OF CEMETERY OF CREMATORY

24B, NAME OF REGISTRAR

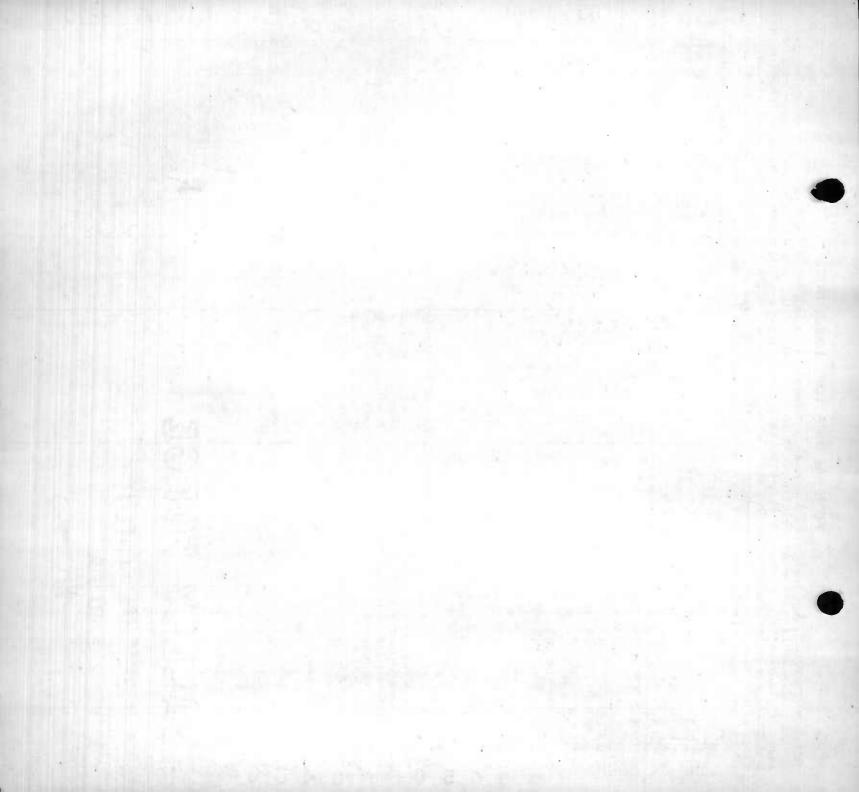
23D. LOCATION

(City, town, or county)

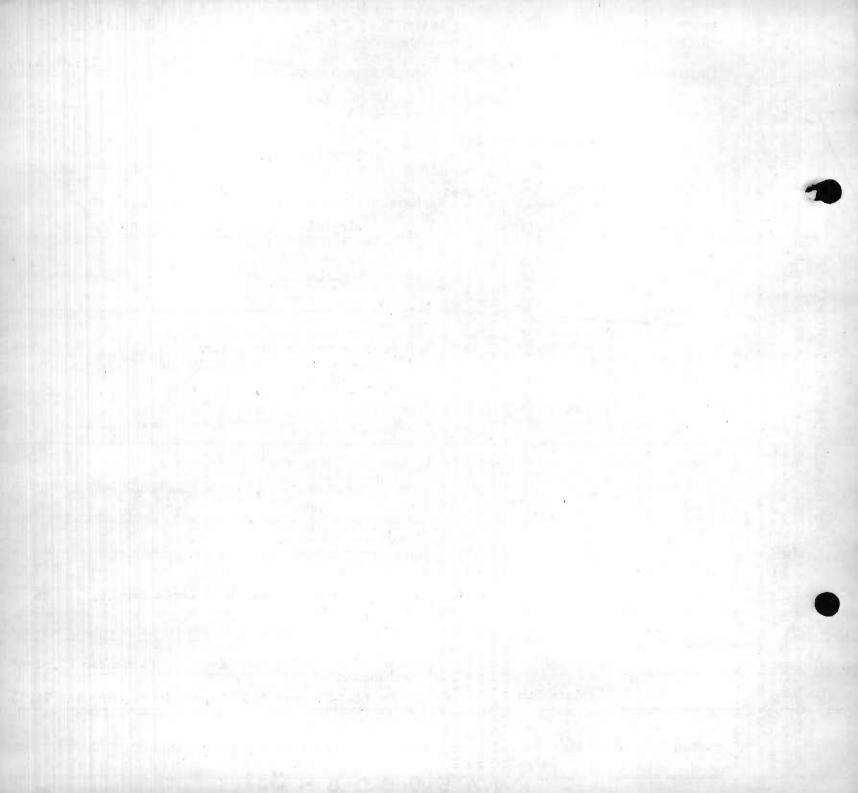
ADDRESS 129 M. Carship

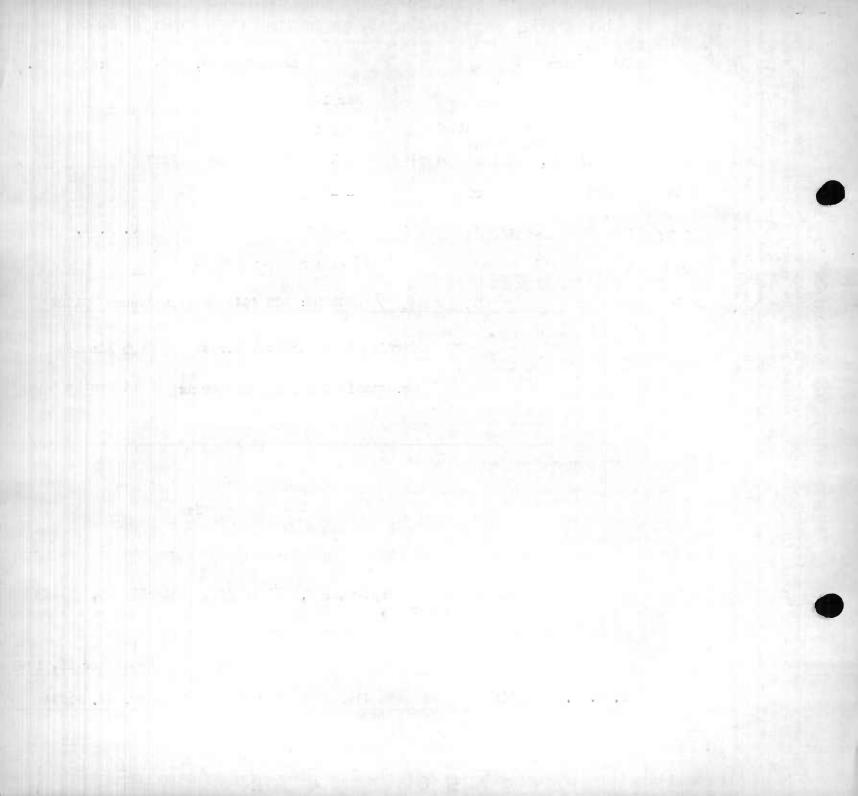






M.E. CASE NO.	CEASED		DATE AND	D HOUR OF DEATH	1
NAME OF DEC		ens, Thomas E.		mber 25, 1	
PLACE OF DI	EATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	deceosed lived. If	institution: residence befare admission)
FULL NAME		or institution, give street	Maryland		RURAL ond give township)
INSTITUTION	St. Josep	oh Hospital		urol, give location)	
			1843 Hope St.		
Male	6. RACE Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed		ost birthdoy) 54	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	f working life, even it retired)	SHOEL	Virginia	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA	100		14. MOTHERS MAIDEN NAM		
5. Was Decease Yes, no or unknow	d Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	25 3420	FIFTHUNT ANY
18. 4	ASE OR CONDITION DIE				INTERVAL BETWEEN ONSET AND DEATH
		DUE TO	farction oral infarction,	179110 070	
VO THER SIGN	OR CONDITIONS, if the obove cause (A) IG CONDITION last. II	any, giving slofing the (C)		AZZIIO OZW	
OTHER SIGN TO THE IDEASE OF	he obove cause (A) IG CONDITION last. II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING	OUE TO any, giving slofing line (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	I 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. ACCID OR CONTRIE	he obove cause (A) IG CONDITION last. II WIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING (DE OPERATION [198- CON	OUE TO any, giving slofing the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No Yes	208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. ACCID OR CONTRIE	HE OBOVE COUSE (A) HG CONDITION IDSI. II WIFICANT CONDITIONS CODEATH BUT NOT RELA TO CONDITION CAUSING TO OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF	CONTRIBUTING ATED TO THE IT. 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	20 A. AUTOPSY? (Yes or No Yes or obout 21 C. WHERE DID INJURY OCCUR?	208. IF YES, WER IN CERTIFYING C (If in Boltime	E FINDINGS CONSIDERED AUSES OF DEATH?
NOTHER SIGN TO THE DISEASE OF DISEASE OF DEATH (APPROX.) TO THE DISEASE OF DISEASE OF DISEASE OF DISEASE OF DEATH (APPROX.)	he obove cause (A) IG CONDITION last. II INFICANT CONDITIONS CO	ONTRIBUTING ATED TO THE IT. 21B. PLACE OF INJURY (e.g., in home, form, factory, street of etc.) (Hour) 21E. INJURY OCCURRED While At Work Work Not Whill At Work I) attended the deceased fram Sed alive an September 2	20A. AUTOPSY? (Yes or No Yes or no obout 21C. WHERE DID injury occur? 21F. How DID INJury occur?	ORY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? S ore City, give exact location)
NOTHER SIGN TO THE DISEASE OF DISEASE OF DEATH (APPROX.) TO THE DISEASE OF DISEASE OF DISEASE OF DISEASE OF DEATH (APPROX.)	he obove cause (A) IG CONDITION last. II NIFICANT CONDITIONS CO DEATH BUT NOT RELA OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examine) (Month) (Doy) (Year) Ty that (I) (this hospital a) last saw the decease and from the causes sta	ONTRIBUTING ATED TO THE TOTAL	20A. AUTOPSY? (Yes or No Yes or no obout 21C. WHERE DID injury occur? 21F. How DID INJury occur?	ORY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? S ore City, give exact location)
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OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF INJURY (APPROX.) 22. I certif that (I) (we and hour and	The obove cause (A) IG CONDITION last. III NIFICANT CONDITIONS CONDEATH BUT NOT RELATE CONDITION CAU SING IN CONDITION CAUSING IN CONDITION CAUSING IN CONDITION CAUSE OF Ity medical examine? If the condition is a condition of the cause of the cause standard from the causes standard from the	DUE TO any, giving slofing the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Work Work Not While At Work I) attended the deceased fram September 2 attended abave. (I) (We) (did) (did nat) while Attended abave. Attended the Model Attended the Model Attended abave. (I) (We) (did) (did nat) while Attended abave.	20A. AUTOPSY? (Yes or No Yes or No Yes or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? A potember 24. 10 ond the item the bady after deoth. 22 ond ing Med. Director 12 on	208. IF YES, WERING COMMENT OF THE SOLUTION OF	E FINDINGS CONSIDERED AUSES OF DEATH? Sore City, give exact location) Tember 25, 1965 pinion death occurred an the dat
NOTHER SIGN TO THE DISEASE OF DISEASE OF OR CONTRIED OF INJURY (APPROX.) 22. I certife that (I) (we and haur at 23C. PHYSICI NAME	HE OBOVE CAUSE (A) HG CONDITION last. II HIFICANT CONDITIONS CONDITIONS CONDITIONS CAUSING R CONDITION CAUSING FOR OPERATION 198. CONWAS PER ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Doy) (Yeor) Ty that (I) (this hospital b) last saw the decease and from the causes star TURE GOVINGE GOVIN	DUE TO any, giving slofing the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Work Work Not While At Work I) attended the deceased fram September 2 attended abave. (I) (We) (did) (did nat) while Attended abave. Attended the Model Attended the Model Attended abave. (I) (We) (did) (did nat) while Attended abave.	20A. AUTOPSY? (Yes or No Yes or No Yes or obout 21C. WHERE DID fice bidg 19.65 19.65 and the sending Med. S. Med. Director 23D. ADDRESS 1400 N • Caroling MATORY 24D. LO	208. IF YES, WER IN CERTIFYING C Ye (If in Boltime URY OCCUR? 9 65 to Sep of In(my) (our) a	E FINDINGS CONSIDERED AUSES OF DEATH? S ore City, give exact location) Ottomber 25, 1965 pinion death occurred an the dat 238. DATE SIGNED September 25, 196



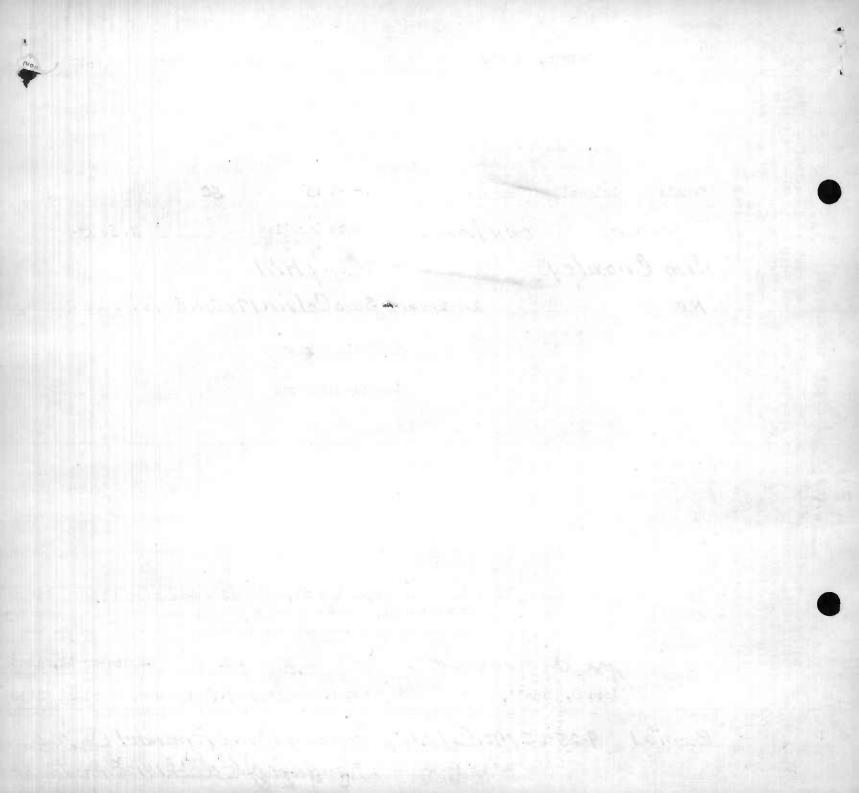


7/13/73 - Letter from Medical Record Dept., Union Memorial Hospital.
Mrs. Adeline Dorsey.

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

Registered No. 11:45 If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 20 & IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 23 & DATE SIGNED September 21, 1965 (City, town, or county)



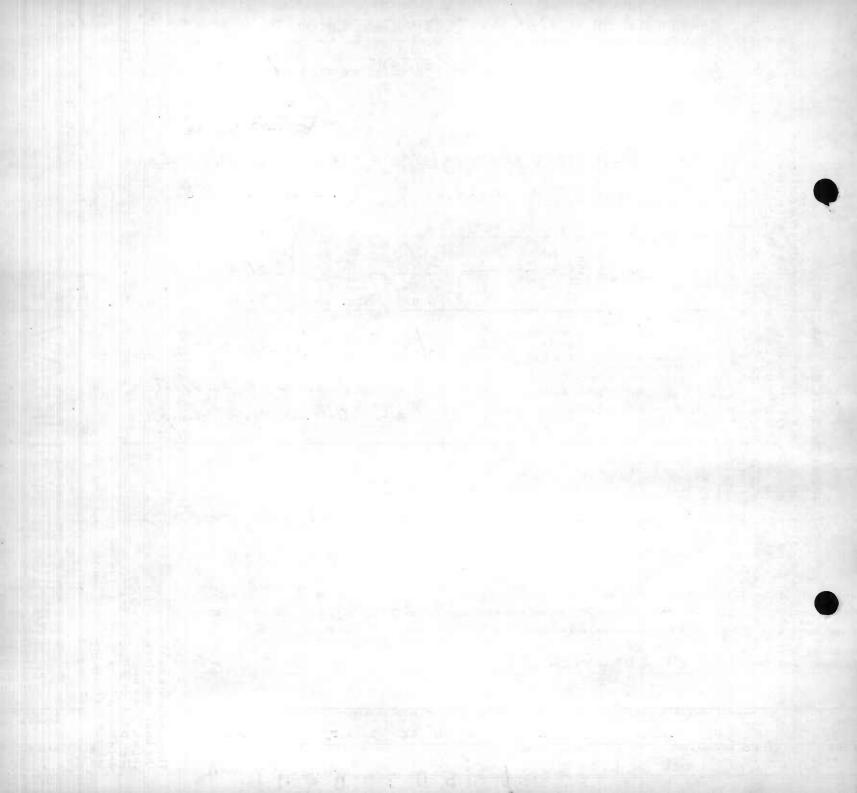
The Parties of the Control of the Co

DIRECTOR:

FUNERAL



65 00mm	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 65 9877	CERTIFICATE OF DEATH Registered No. 00
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
(Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give	1. Seifert 9-24-65. 12:55P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (If not in haspital ar institution, give	M 1 1 2 2 - 3 2
HOSPITAL OR oddress ar lacotian)	C. CITY OR TOWN (Lauriside city limits, write RURAL and give township)
NO HON	Brooklyn 2/2 75
0 11 0 11	D. STREET ADDRESS ut intal, give locotion)
South Baltimore GENE	ral Hosp. 211 W. MEadow Rd.
5. SEX 6. RACE 7. MARRIED, NI	EVER MARKIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. ff Under 24 Hrs. DIVORCED (specify) Manths Days Haurs Min.
F. White wi	dow Dec. 1, 1906 18.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	
Housewife	Mol.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Klappenbe	4 COCIAL 17 INFORMANT
(Yes, no ar unknawn) (If yes, give war ar dates of service)	SECURITY NO. 211 W. Meadow Rd.
No None	None Mrs. Cecilia Keene Brooklyn, Md. 25
1B. 5 81, OI	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Hen-to Co
LEADING TO DEATH (This does not mean the made of dying, e.g.,	Typauc Coma
heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	Cershasis & Complication
ANTECEDENT CAUSES	of Cartinetestinal Hemourhage.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	of Cadventestinal Demontage.
UNDERLYING CONDITION last.	0 10
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WH	IICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	No
OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in ar obout 21 C. WHERE DID (If in Boltimore City, give exact lacotion) farm, foctory, street, office bldg., INJURY OCCUR?
DEATH (natify medical examiner)	
OF INJURY	NJURY OCCURRED 21 F. HOW DID INJURY OCCUR?
(APPROX) While Wark	At Wark At Wark
22. I certify that (this hospital) attended the	deceosed from 9-23 1965 to 9-24 1965
that (1) (we) last saw the deceased alive on	9-24. 1965 and that in (next) opinion death occurred on the do
ond hour ond from the couses stated above. (1) (The second secon
23A. 5)GNATURS	238, DATE SIGNED
K Barrel	
11. Johnstell	Phys. Director Phys. 7-27-63
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
	M.D.
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	NE of CEMETERY of CREMATORY 24D. LOCATION (City, lawn, or county) (State)
	oudon Park Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	
SEP 27 1965 P. O. F E. Fan	REGISTRAR 25C. FUNERAL DIRECTOR Bulte. 1 2/2 Deu M. D. J. J. Charles 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
V\$ 150-REV. 1/1/65	5 Wing of war have prover to the own





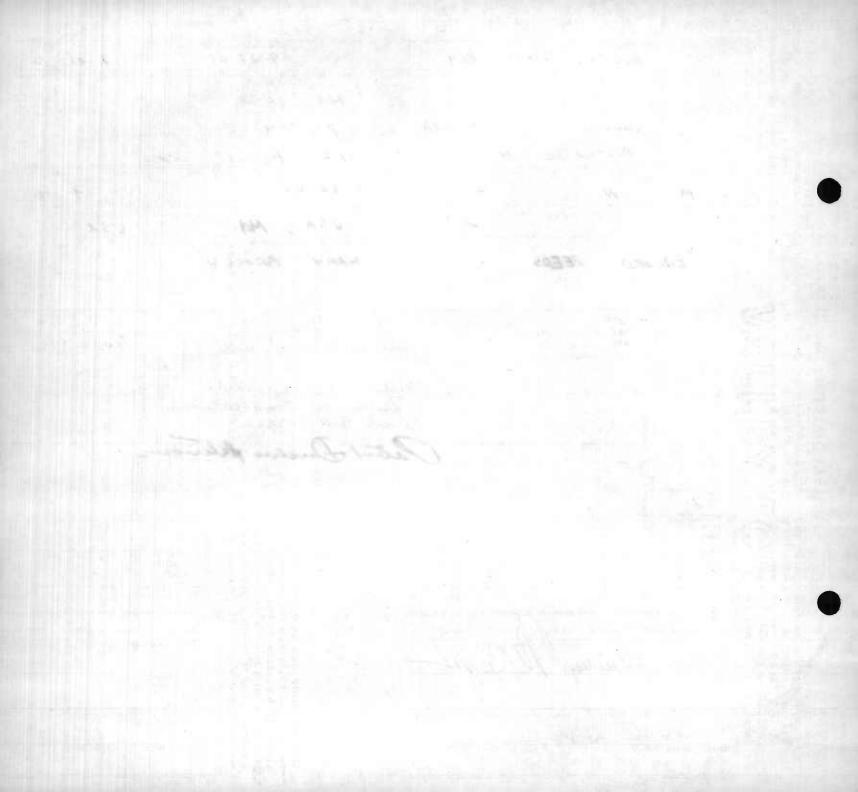
IMPORTANT

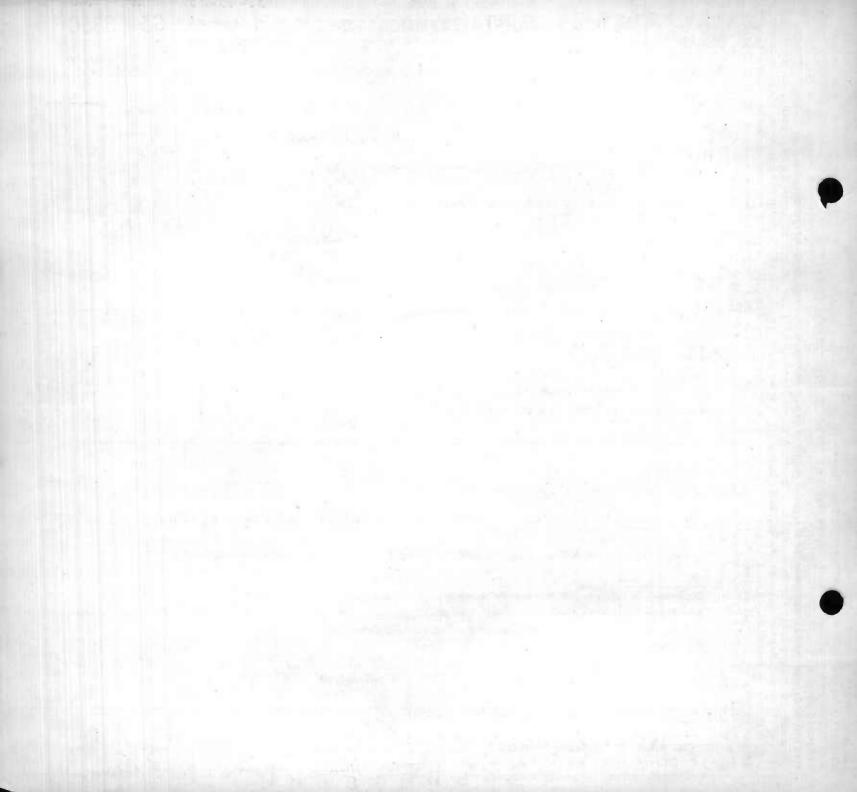
DIRECTOR:

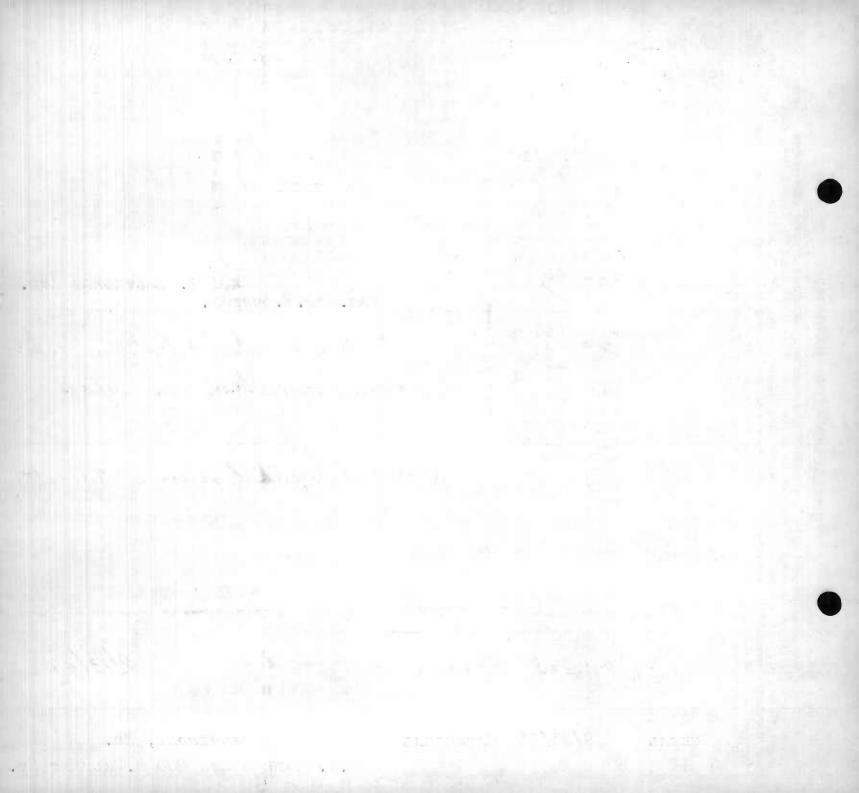
FUNERAL

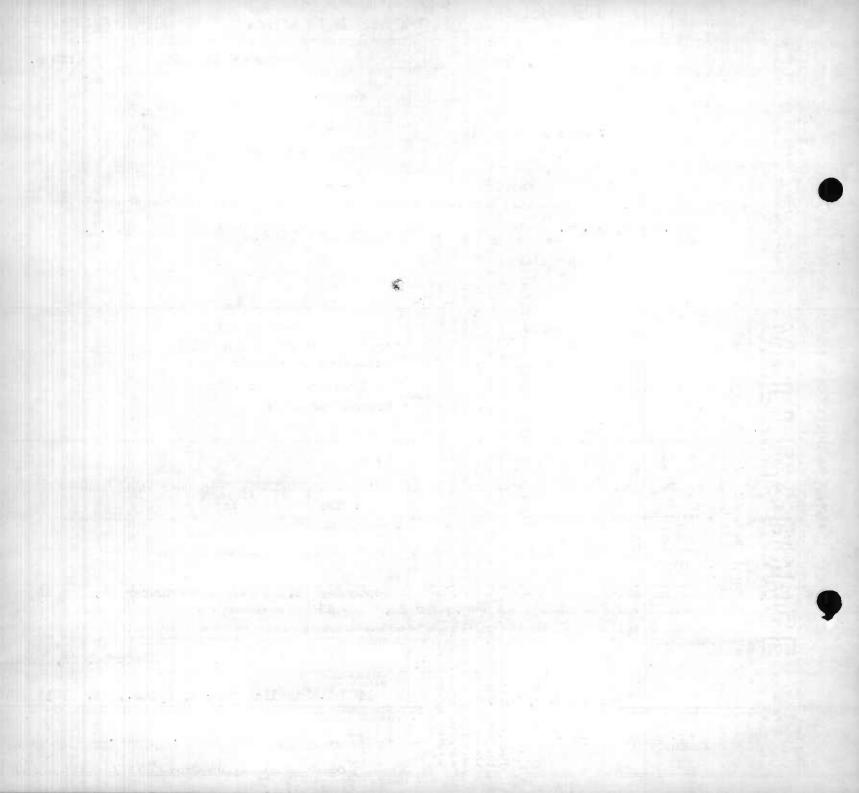
4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A, STATE
B, COUNTY (If outside city limits, write RURAL and give township If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ______and that in(my) (aur) aplnian death accurred on the date 23 B. DATE SIGNED ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



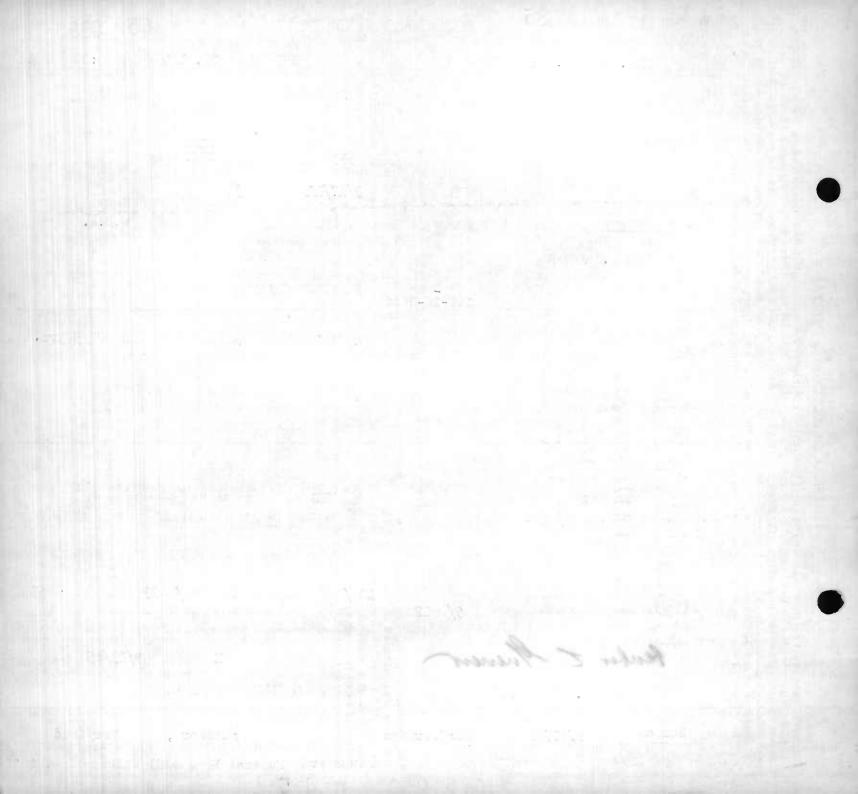






Firmer DI F Howevery Drawingson Description Boating Brown Metastatic begantattis Cardiac arest sept 17/65 copies stated section the my 19 12 65 Legal 20 13 10 aut. 1.1. William Gast K 1866 Engle Kh.

St. Agnes Hospital Record & Army Discharge 11-21-65 M.H.

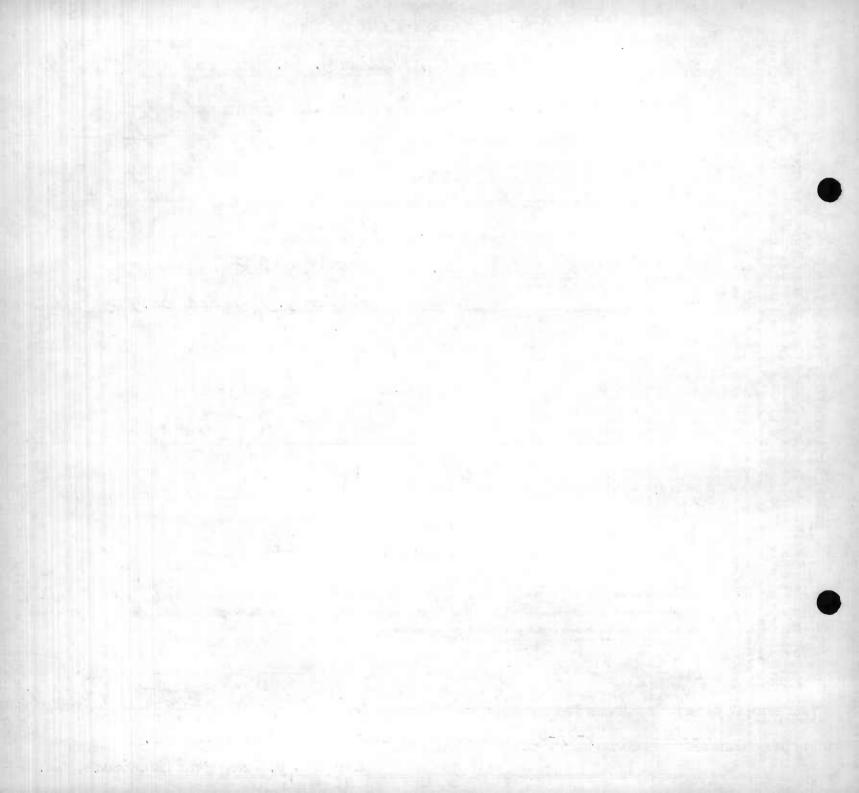


	65 9	388	BALTIMORE CIT	Y HEALTH	DEPARTMENT		- 05 0	2000
BIRTH NO. M.E. CASE NO	., 0	000	CERTIFICA	ATE OF	DEATH	Registered No	. 65	1000
I. NAME OF D		А		1	2. DATE	AND HOUR OF DEAT	Н	
(Type or Print)	Ofto	1	Geuma.	nn	9	-26-65	16	1:25 /
. PLACE OF	DEATH IN BALTIMORE, MA				RESIDENCE (WI	nero decoased lived. If		
51111 ALA44						9-	-00	
HOSPITAL O	R oddress or location	n) 9/2	8/65	C. CITY O	R TOWN (IF a	outside city limits, writ	e RURAL and give	township)
CERT	IFICATE		ENDED		imore			
Mercy H	ospital	TATE	CHUED	D. STREET		If rural, give location)		
				2711 F	'enwock/ a	VOJ/ FENW	ICK AVENUE	7.
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE O		9. AGE (In yours	If Under 1 Y	
Wall a	WIDOWED, DIVORCED (spacify)		3/12/1	ממכ	last birthdoy)	Months Days	Hours Mi	
	Male White Married USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR				LACE (State or fo		12. CITIZEN	DE
dane during most	of working lite, even if retired)					g. ocomy	WHAT C	OUNTRY?
	man (Ret.)			Maryland			100	USA
3. FATHER'S N	IAME			14. MOTH	ER'S MAIDEN N	AME		
ohannes	Heinrich Geum	ann		Louise	Lomebac	N LAMSBACE	4	
5. Was Deceas	sed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORM	AANT	/ BAFODAUI		RESS
	(If yas, give war or dote	s of Sorvice)	SECURITY NO.	10	A m			
No			None		Alice M.	Geumann 66		
1B. 4	2211		CAUSE	OF DEATH	1			T AND DEATH
DISE	ASE OR CONDITION DIR	RECTLY			. F	11.		1
(This does	s not mean the made of	dving. e.g	(A)	4441	46 /-6	rilure		mos
heart failur	re, asthenia, etc. It means	the disease,	501.10		,			
injury or c	complication which caused		Doh	Vdual	tion + (alt deple	tion	Imos
	ANTECEDENT CAUSES		DUE TO	*				
	OR CONDITIONS, if the above cause (A)		(C)	17	SCVD		/	51/15
	ING CONDITION last.	aiding inc	(0)		<u> </u>			
	11				13.19.14			
O OTHER SIG	SNIFICANT CONDITIONS C	ONTRIBUTIN	G					
E IO INC	DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO TH	E					
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION	20 A. AU	TOPSY? (Yes or I	No. 20B. IF YES, WER	E FINDINGS CON	ISIDERED
E 0 100	NI				VO	CERIT III O	VI DEA!	
OR CONTR	DENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g.,	in or about 21	C. WHERE DID	(If in Baltim	nare City, givo exo	ct location)
	tily medical examinar	etc.						
21D. TIME	(Month) (Day) (Your)	(Hour) 21E.	INJURY OCCURRED	21	F. HOW DID IN	JURY OCCUR?		
OF INJURY		Wh	ile At Not Wh					
		Wo						
22. I certi	ify that (I) (this hospital	ottended t	he deceosed from	9 -	- 4	.19 6.5-to	9 - 2	6 19 6
thot(I)(w	ve) last sow the decease	d olive on	9-26	196	ond	that In (my) (our) o	pinion deoth ac	curred on the
ond hour	and from the causes stat	red obave.	(We) (did) (dld not)	view the bo	dy ofter death			
23A. SIGN A		2					23B. DATE SIG	SNED
/	Werner K	ach	M.D. A	Handing .	Med. Director	Stoff	9.	26-65
23 C. PHYSTO	CIANS	E.C.		23D. ADDRE		Phys.	100	
NAME	(Type)	R	2.1		Wh-	11.	wito !	7
	rverner	0	2CH M.D		11ce	my pe	monde	
4A. BURIAL C	REMATION, 24B. DATE L (Specify)	24C. N	AME of CEMETERY OF C	REMATORY	24D.	LOCATION	(City, tawn, or cau	inty) (Sto
Burial	9/29/65	Do	ricuroed Como to	THE	Da	1+1man Cr	Ma	
SA. DATE REC	C'D BY HEALTH DEPT.	25B. NAME C	rkwood Ceme te of REGISTRAR	25C. FU	INERAL DIRECTO	ltimore Co.	A	DDRESS
SEP 9	27 1965 1200	+ C I	Over M.A			Ruck Inc. 5		44
/S 150-BEV 1/	17/65	W C 40	1	7	1 11	1	JUJ HALLU	I d Ita #.
					4 1 1 1	2		

vs 153 signed by licensed funeral director. 9/28/65 C. P. Bowens

LE CASE NO.		988	CERTIFICA	TE OF DEATH	Registered Na	7,000/	
NAME OF DE	CEASED				HOUR OF DEATH		
	Mary Ann Wa	Ltman	8		t. 25, 1965	10 a.	
PLACE OF D	EATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If	institution: residence before odmissio	
FULL NAME	OF (If not in hose	nitol for institution,	ave street		Ltimore Ci	tv 7 - 24	
HOSPITAL OF	R oddress or loc		give sireei	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
INSTITUTION				Baltimore			
1 Nomboli	-17 - Casta D			D. STREET ADDRESS (If re	rol, give location)		
Montep	ello State H	ospicar		5858 Belair 1	rd.		
SEX	6. RACE	7. MARRIED	, NEVER MARRIED		. AGE (In years	If Under 1 Yr If Under 24 H	
F.	W.		D, DIVORCED (specify)	, ,	59	Months Doys Hours Min.	
		Work 108, KIND O		10/31/05 13 11. BIRTHPLACE (Stote) or foreign		12, CITIZEN OF	
one during most	of working life, even if retir		TOURING ON THE OSTAT			WHAT COUNTRY?	
Beautician			Crewe, Virginia		USA		
3. FATHERS NA	AME			14. MOTHER'S MAIDEN NAME			
Will	iam D.Stultz			Minnie XXXXXX	MOX F. Col	8	
	ed Ever in U. S. Armed		1 6. SOCIAL	17. INFORMANT		ADDRESS	
	wn) (If yes, give wor or	dotes of service)	SECURITY NO.	Mr. Harry L.	Waltman	Same	
no			215-10-8925	& Hospital cha	art		
18. 1/2	43 X I		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISE	ASE OR CONDITION		6- 2-	THE STATE OF THE S			
317	LEADING TO DEA			bral hemorrhage	W. all	3-5 minutes	
	nat mean the made						
	e, asthenia, etc. II me omplication which cau						
DISEASES	OR CONDITIONS,		DUETO		ascular de	sease. About 20 ye	
rise lo UNDERLYII	OR CONDITIONS, the above couse NG CONDITION lost.	if any, giving (A) stating the	(c) Unka	ensive cardio-va	ascular de	sease. About 20 ye	
rise lo UNDERLYII	OR CONDITIONS, the above couse NG CONDITION lost.	if any, giving (A) slating the	(c) Unka		ascular de	sease. About 20 ye	
OTHER SIG	OR CONDITIONS, the above couse NG CONDITION lost. II NIFICANT CONDITION DEATH BUT NOT IN R CONDITION CAUSIN OF OPERATION 198. (if any, giving (A) stating the state of the	(c) Unkr		20B. IF YES, WERI	E FINDINGS CONSIDERED	
OTHER SIG	OR CONDITIONS, the above couse NG CONDITION lost. II NIFICANT CONDITION DEATH BUT NOT IN R CONDITION CAUSIN OF OPERATION 198. (if any, giving (A) stating the scontribution RELATED TO TH	(c) <u>Unkr</u>	nown cause.	20B. IF YES, WERI		
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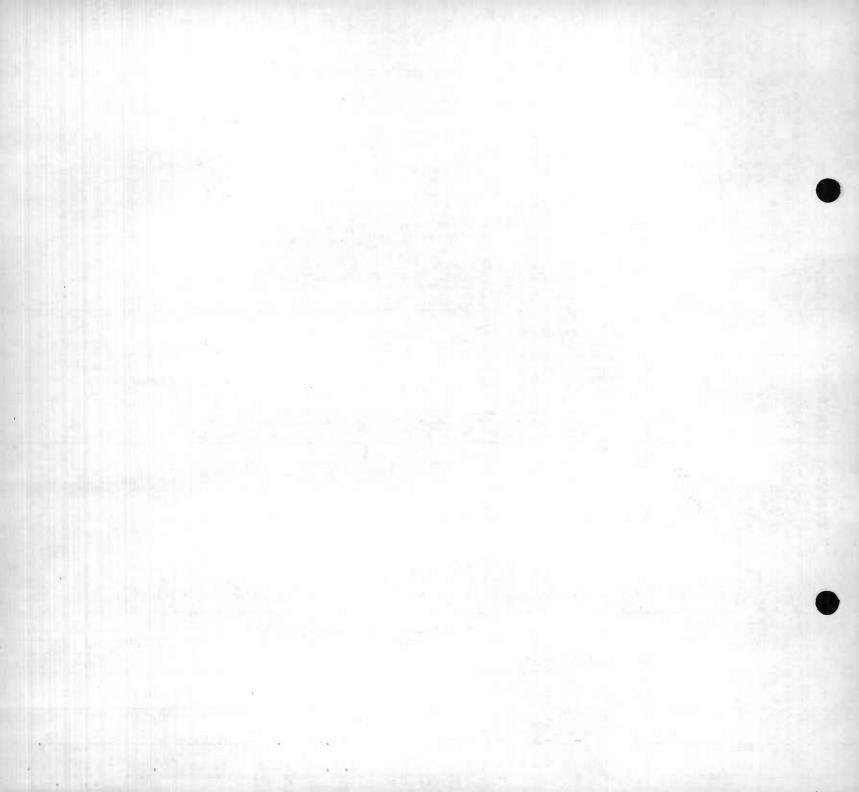
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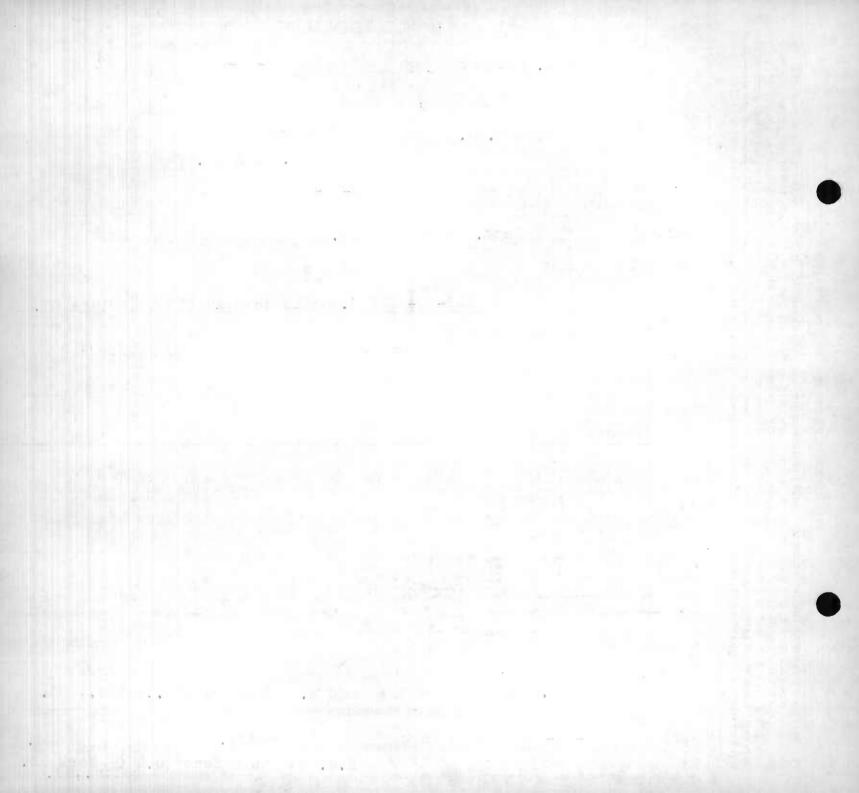
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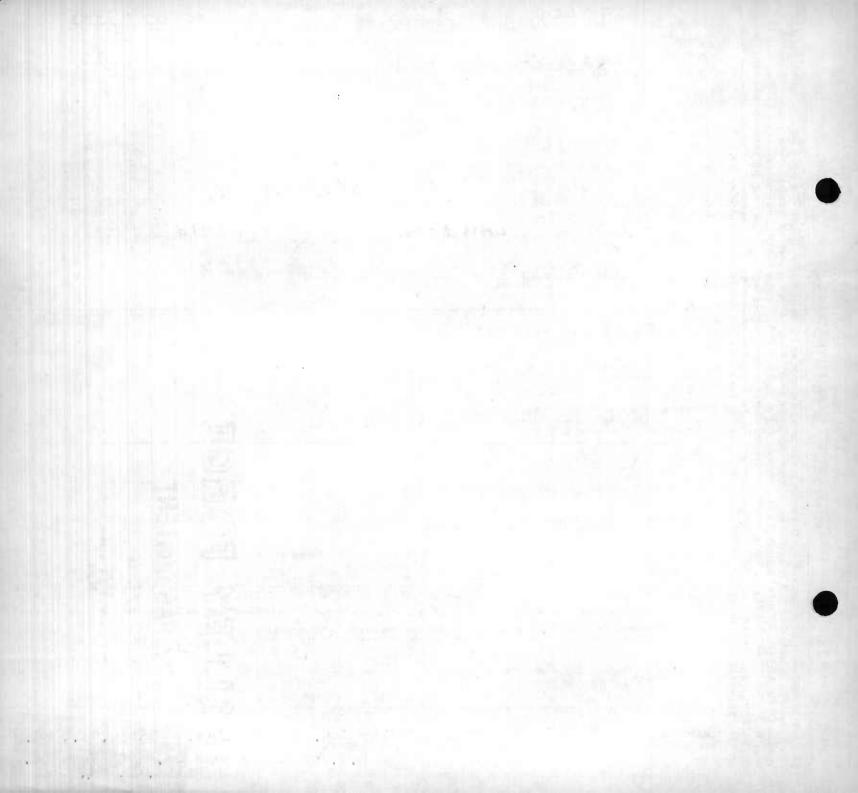
Jeffston and amon historia BALTINESI, MITSHITSE 432 ROTTEREN, AUG. MALE CAUS DIVERSED AUG. 8, MOI 64 ENGINEER MARYLAND ARTHUR IA. GOLDEBOKOVELL ROSE GUNTHICK 204-40-0600 Lower face comme Corp. Hent failure Harry Garage Jack BONGAR Church them + How I.



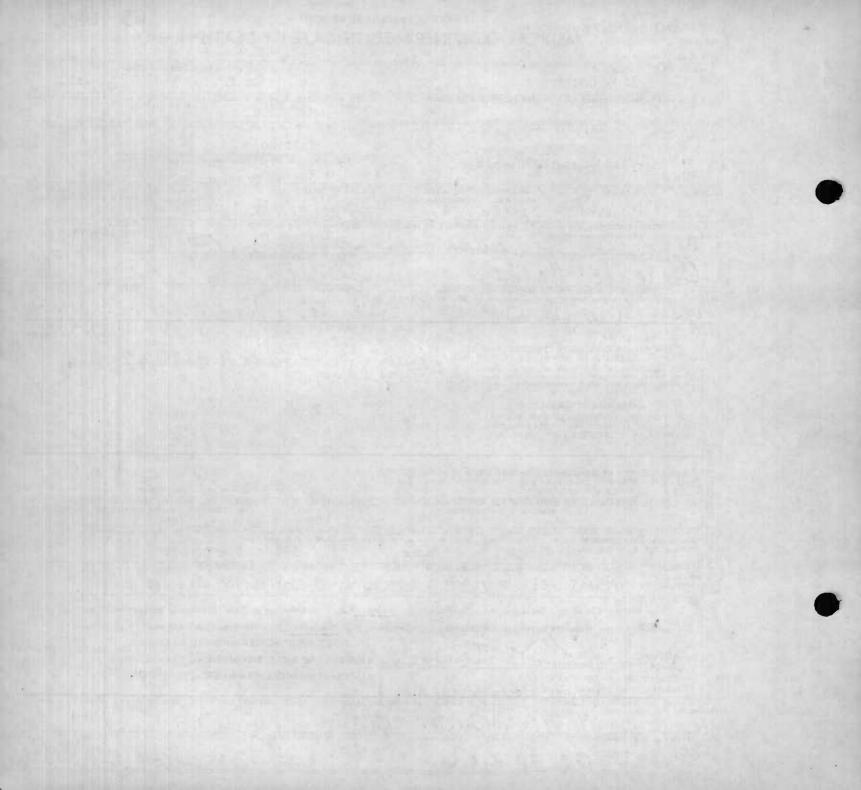
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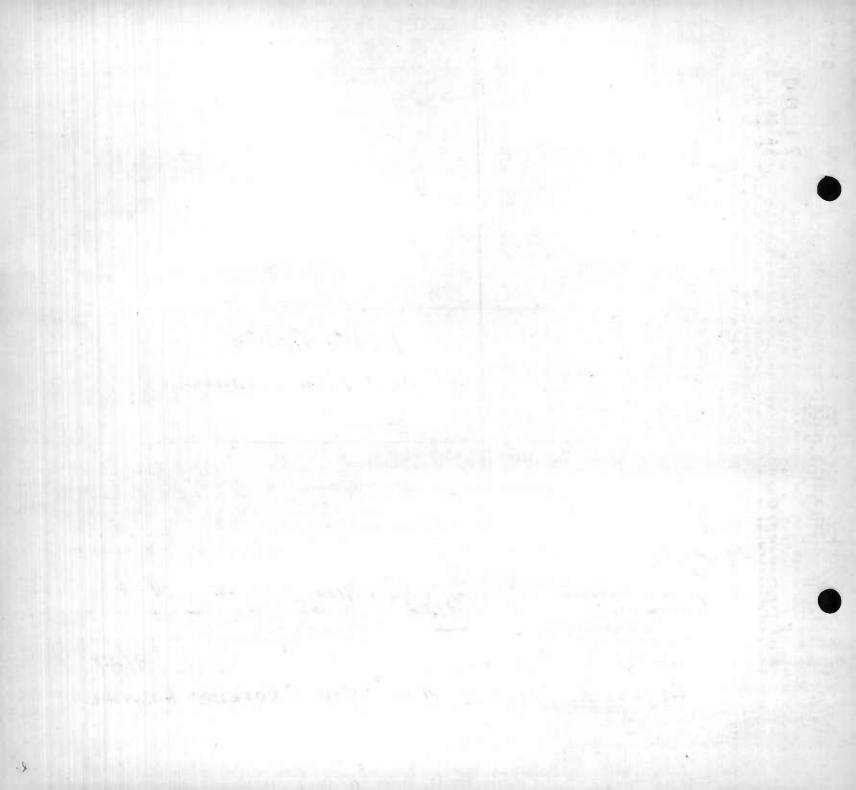




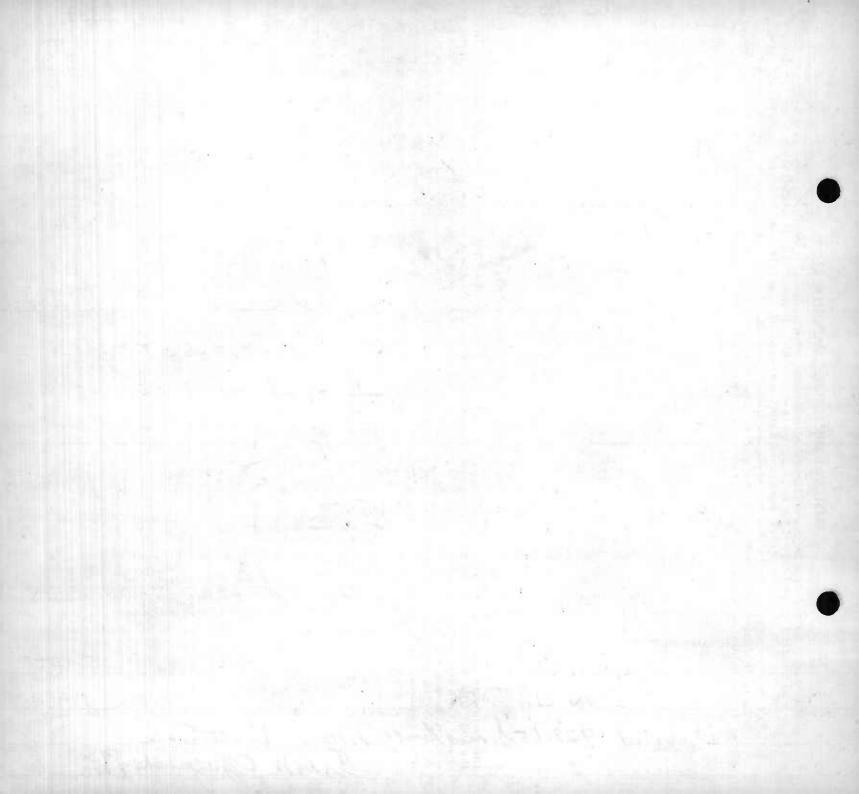
3	BALTIMORE CITY HEALTH DE	65 0000
	RTH NO. 65 9896 CERTIFICATE OF	DEATH Registered No. 65 9896
1,	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	ype or Print) Treenwood Hanna	9-25-45 11- DM
	A. STATE	ESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY
		ryland 7-06
	INSTITUTION	
		ADDRESS (If rurol, give location)
		21 alameda.
	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF WIDOWED, DIVORCED I specify)	a branch for the state of the s
	EMALE White NEVER MARRIED 41-3.	
	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA	WHAT COUNTRY?
	110111101	LTO Md. USA
		S MAIDEN NAME
1	BENJAMIN GREEN WOOD AGUS	
46.00	6. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMA	CO. A CHAMI
		se w. Stumptiven
	1B. 33/X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	el Vascular accident
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
	injury or camplication which coused death,)	0.000
	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
	UNDERLYING CONDITION loss.	***************************************
	II CONTRACTOR	
(1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		OPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUT	IN CERTIFYING CAUSES OF DEATH?
(J 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C	C. WHERE DID (If in Boltimore City, give exect locotion) URY OCCUR?
(DEATH (notify medical examiner) etc.)	
44 9 5	OF INJURY	. HOW DID INJURY OCCUR?
ĺ	(APPROX.) Work At Work	
		15 19 65 to Sept. 25 19 65
	that (1) (we) last saw the deceased alive an sept 25 19 C	
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bad	
	1110	Med. Director Physics 9-25-65
	Codney L. Durn WilfM.D. Attending Phys. 23C. PHYSICIANS [23D. ADDRESS]	
	RODNEY L. BRIMHALL, M.D. UNIO	
2	4A. BURIAL CREMATION, REMOVAL ISpecify	24D. LOCATION (City, town, or county) (Stote)
1		
2	Burial 9/29/1965 Baltimore 54. Date rec'd by Health Dept. 258. NAME OF REGISTRAR 25C. FUN	Baltimore Md. Jenkins & Sons Co. 4905 York Rd.
	SEP 27 1965 R. O. & C. F. O. H.W.	Jenkins & Sons Co. 4905 York Rd. Balto.12, Md.
S	150-REV. 1/1/65	A



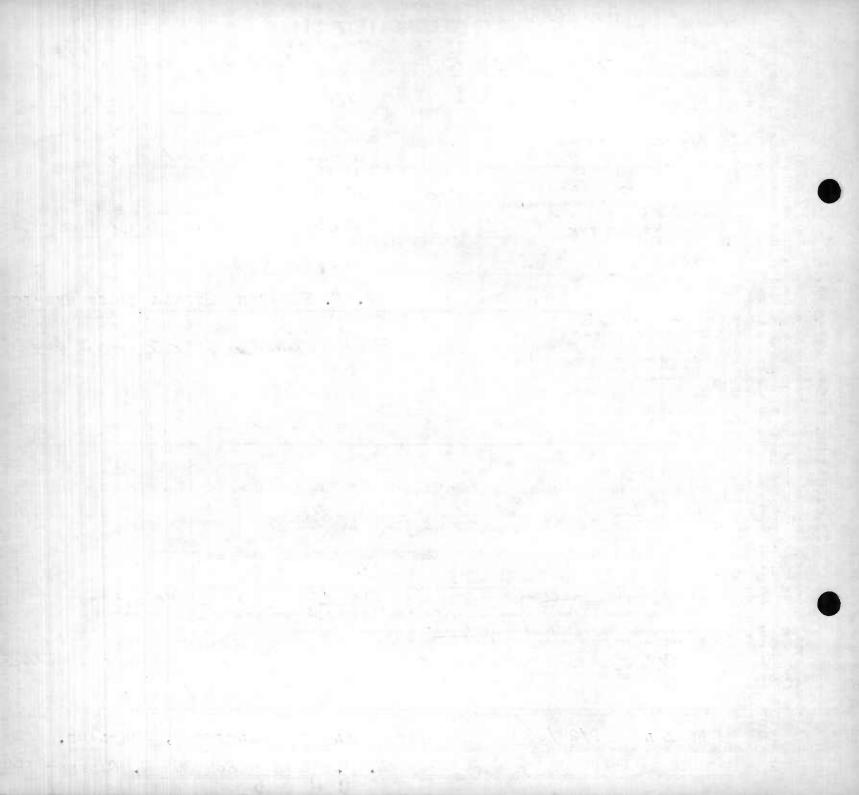
14	65 9898 BALTIMORE C	ITY HEALTH DEPARTMENT	65 9898
# o T	BIRTH NO. CERTIFIC	ATE OF DEATH Registered No.	00 0000
+ 5	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	(Type or Print) Solomon Major	9-27-65	2:50 A
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution: residence before admi:
	FULL NAME OF (If not in hospital or institution, give street	Maryland	X
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL and give fownship)
	23	Baltimore	0-01
-	The Johns Hambins Hasnital	D. STREET ADDRESS (If rurol, give locotion)	
il	The Johns Hopkins Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24
	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours
-	Male Negro Married	3-18-93 72	12. CITIZEN OF
	done during most of working life, even if retired)	C C 1	WHAT COUNTRY?
l	Laporer None	South Bodlon, UA.	N.S.A.
	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
	Louis Solomon	Octave Reed	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wer or dates of service) 16. SOCIAL SECURITY NO.		ADDRESS
	No	Florence MARON	SAME
ľ	18. 260 X I CAUSE	OF DEATH	INTERVAL BETWEEN
ŀ	DISEASE OR CONDITION DIRECTLY	ild muliture	ONSET AND DEAT
	LEADING TO DEATH	navar //www	
	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	PLOTENCE MAJOR OF DEATH Mabeles Mulitus MA Diena i unemia	
	injury or complication which coused death.)	and becomes a uniterior	HERSEN M
	ANTECEDENT CAUSES (B) DUE TO		2 0000000000000000000000000000000000000
	DISEASES OR CONDITIONS, if ony, giving	4	
	rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	Abhlimhimaintidheann nagurrand - 0 ann amh 20 tarr ra 20 20 20 20 20 20 20 20 20 20 20 20 20	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
		yes g., in or obout 21C. WHERE DID (If in Boltimor	e City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street	office bidg. INJURY OCCUR?	
	U		
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
	(APPROX.)		ala 1
	22. I certify that (I) (this hospital) attended the deceases from	9/10 19 65 to	196
	that (1) (lost saw the deceased alive on 9/26	19 65 ond that in (my) (-) api	nion death occurred on th
	ond hour and from the causes stated above. (1) (Wa) (did no	r) view the body ofter death.	
	23A. SIGNATURE		238. DATE SIGNED
	Durin a. Dehul mi M.D.	Attending Mod. Sloff Phys. Director Phys.	9/27
	23 C. PHYSICIAN 8	23D. ADDRESS	THE RESERVE TO THE RE
	GEORGE A. SCHEFIE THE M	D. TAMACE BOOK WAS D	A E OUTS
		A CHING WALLING W	ity, town, or county) (S
	REMOVAL (Specify)	. 0 0 41	> 1
	SUVIAL 10-1-65 11 COLVA	ny Cem. Brooklyn,	YNA
1	SEP 28 1965 P. B. F. Fallen	25C. FUNERAL DIRECTOR	ADDRESS
1	TAGEN CI ADDRESS.	L. U. Wilson	1000 Brankley
	VS 150-REV. 1/1/65	0 0 4 0 2	0



BALTIMORE CITY HEALTH DEPARTMENT



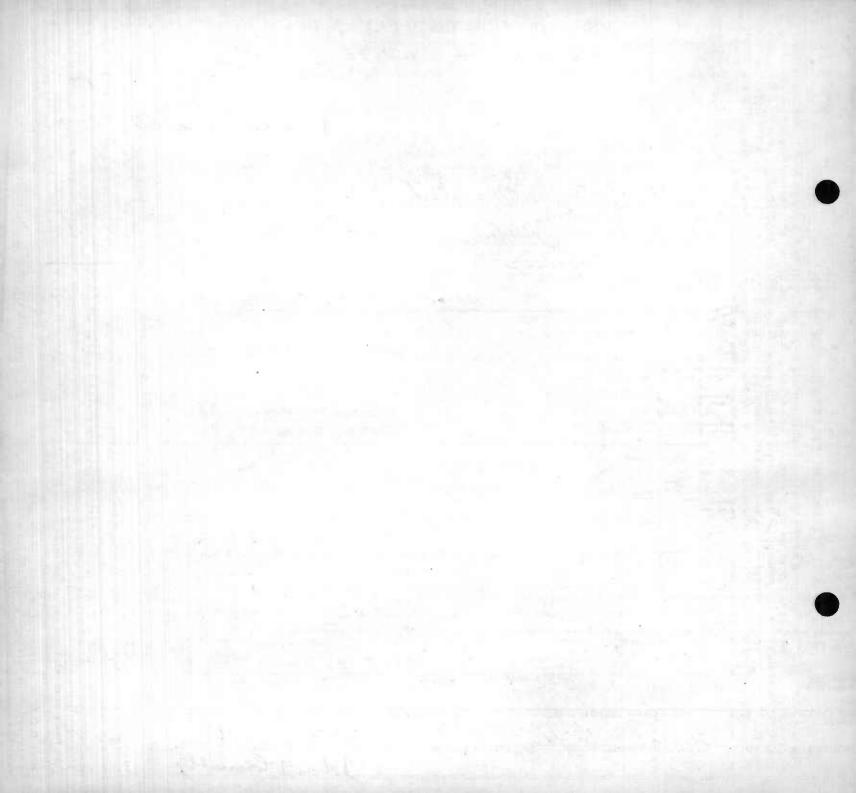
	65 9900	BALTIMORE CITY HEAL		- 6	5 9900
	E. CASE NO.	CERTIFICATE	OF DEATH	Registered Na.	7000
١.	NAME OF DECEASED Foley Anita	73	Sept	HOUR OF DEATH	55
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		SUAL RESIDENCE (Where	. 25, 196 deceased lived. If instit	Ution: residence before odmission)
	FULL NAME OF (If not in hospital as institution, give	street A. ST	Md.	2	-5-41
	HOSPITAL OR oddress or locotion) INSTITUTION	c. cı	A 11.	de city limits, write RUI	RAL ond give township)
	Mercy Hospital		Baltimore TREET ADDRESS (If rus	ol, give location)	
2			Jenkins M	lemorial	Hosp.
la	SEX 6. RACE 7. MARRIED, NET WIDOWED, D		15 - 5 - 84 9.	AGE (In years A	f Under 1 Yr. If Under 24 Hrs. Aonth's Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BU		IRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
G	HOUSEWIFE	to	Baltimore	Co.	U.S.A.
13	FATHER'S NAME	14. M	MOTHER'S MAIDEN NAM		
F	William J. Bach	50.0141	Rose Ku	hn	ADDRESS
Y	. Was Deceased Ever in U. S. Armed Forces?	SECURITY NO.	M DOSATE	n Comme	ADDRESS Man To Union To
	18 / 20 0 4	SR.		E STELLA	MARIS HOSPICE
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) Pari	tial Intest	exal Obsti	~ 12 days
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
	injury ar camplication which caused death.) ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, giving	DUE TO	(6.7)		
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		•••••••••••••••••••••••••••••••••••••••	
	115				
ATION	CTUER CONTRACTOR CONTRACTOR				
		CH OPERATION 20	A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
CEPTIEIC	WAS PERFORMED		No	IN CERTIFYING CAUS	
AI	OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in or obtom, foctory, street, office blo	dg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
EDICA		JURY OCCURRED	21 F. HOW DID INJUI	2X OCCUP?	
AAEL	While A	At Not While	ZIII NOW DID INJUI	TOCCOK:	
	22. I certify that (I) (this haspital) attended the d	deserved from Can	7 17 10	65 10 Sep	t. 25 19 65.
	that (I) (we) last saw the deceased alive an				
	and haur and from the causes stated above. (1) (W			() tooi) aprinte	caoin decorred un the adre
	23A. SIGNATURE		Judy diret dedills		B. DATE SIGNED
	Mary Jim Rati	rev M.D. Attending Phys.	Med. Sirector P	off ty s.	Sept. 25 1965
	23C. PHYSICIAN'S NAME (Type)		DDRESS	, ,	6
		M.D.	Mercy Ha	spital t	30X 98
24	REMOVAL (Specify)	E of CEMETERY OF CREMATO	DRY 24D. LO	CATION (City,	town, or county) (State)
-	BURIAL 9/28/65	NEW CATHEDRA	AL BA	LTIMORE,	MARYLAND.
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF R SEP 28 1965 Poly & E. Fall		C. FUNERAL DIRECTOR	Cor 205	ADDRESS
1100	150-REV. 1/1/65	corve [I•]	W. MEARS &	Son 805	N. CALVERT ST
	1 1	No.2 Left	(1) (1) (1)		

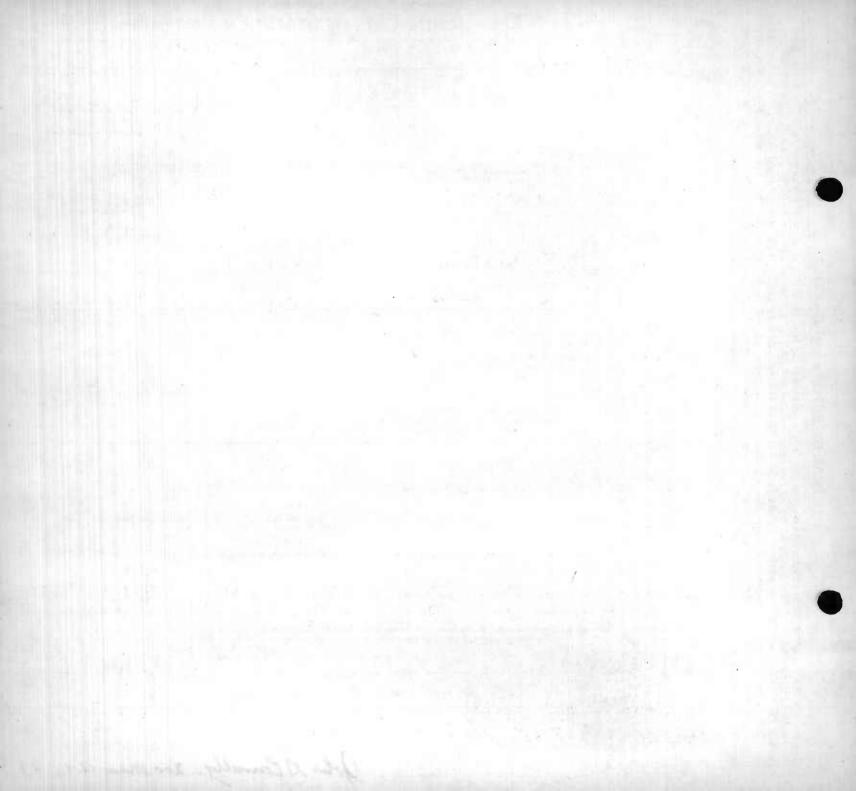


THE CALL THE PORT OF THE PROPERTY OF THE PARTY OF THE PAR Marie Transported DAGLAST ISTER COLLEGE Think . In Many to the court of the court of

HART MINERAL THE STATE OF THE S

BIRTH NO. 65 9903 CEPTIFICATE OF DEATH V Registered No. 65 9903
BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) HELSEY 2. DATE AND HOUR OF DEATH HELSEY 2. DATE AND HOUR OF DEATH
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
Type or Print HELEW M. HEISEY. 9/24/65 5.10
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before a . STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside city lipates, write RURALy and give township)
Daltimare Ly. (24)
1 Sould Conv. Home 7820 Tryphrook Pd.
Jemale 2 hite 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH, 19. AGE (In years Windows) Doys Hours Doys Hours
10A. USUAL OCCUPATION (Give kind of work 10B, KIND/OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY2
Sec, Board of Ed. (Balto Co.) Senn, Il.
13. FATHERS NAME
Miller
15. Was Deceased Ever in U. S. (Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 17. INFORMANT 17. INFO
180.05-5875 Husband Same as also
18. / 6.3 X CAUSE OF DEATH INTERVAL BETWONSET AND DE
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO
healt failure, asthenia, etc. It means the disease,
injuly all camplication which caused death,) ANTECEDENT CAUSES (B) COT R metal facts to
DUE TO
DISEASES OR CONDITIONS, if any, giving endical modes and rise to the above cause (A) stating the
UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion)
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, tNJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
(Work At Work
22. I certify that (1) (this hospital) attended the deceased from 9/2//64 19 to 9/2419
that H) (we) last saw the deceased alive an 9/24/6 119 and that in(my) (aur) apinian death accurred an
and have god from the causes stated above. (1) (We) (did) (did nat) view the body after death.
23A. SIGNATURE 23B. DATE, SIGNED,
M.D. Attending Med. Stoff Phys. 9/24/6
23C. PHYSICIAN'S V. SADARANANDA. 23D. ADDRESS
M.D.
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)
Jurial 1/27/65 Hardens of Faith (Salts, Tha,
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
SEP 28 1965 Rebect E. tarber M. John & Connelly 300 man
VS 150-REV. 1/1/65

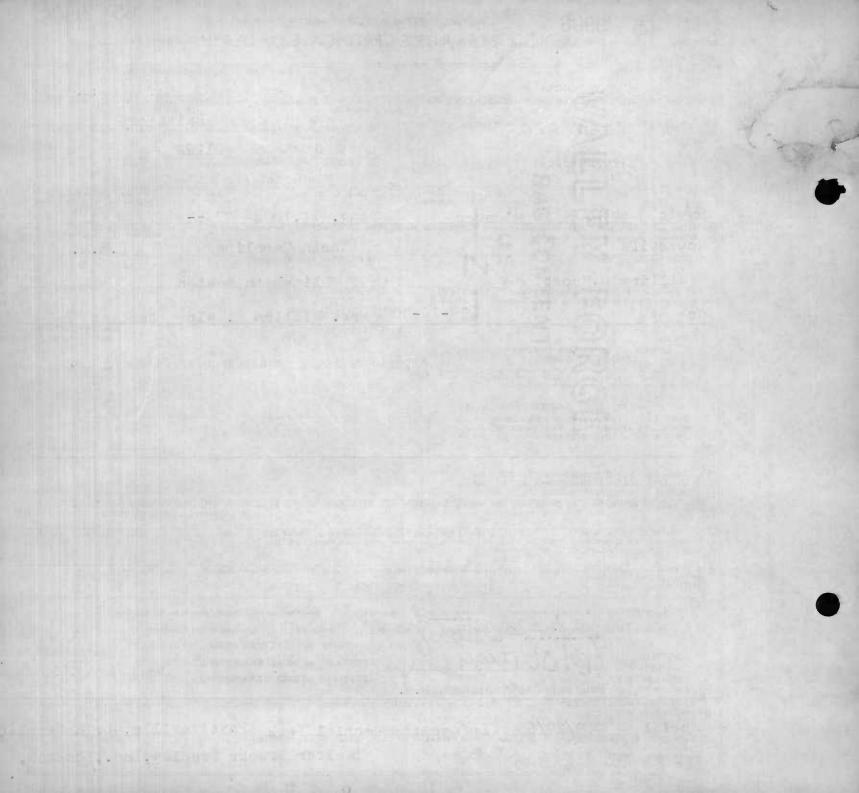


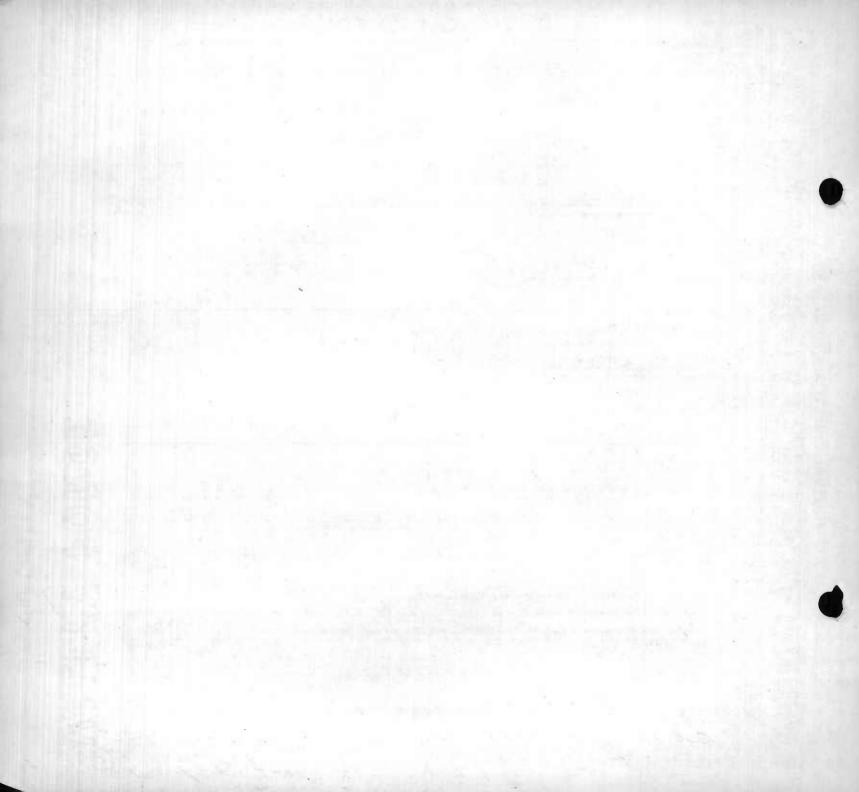


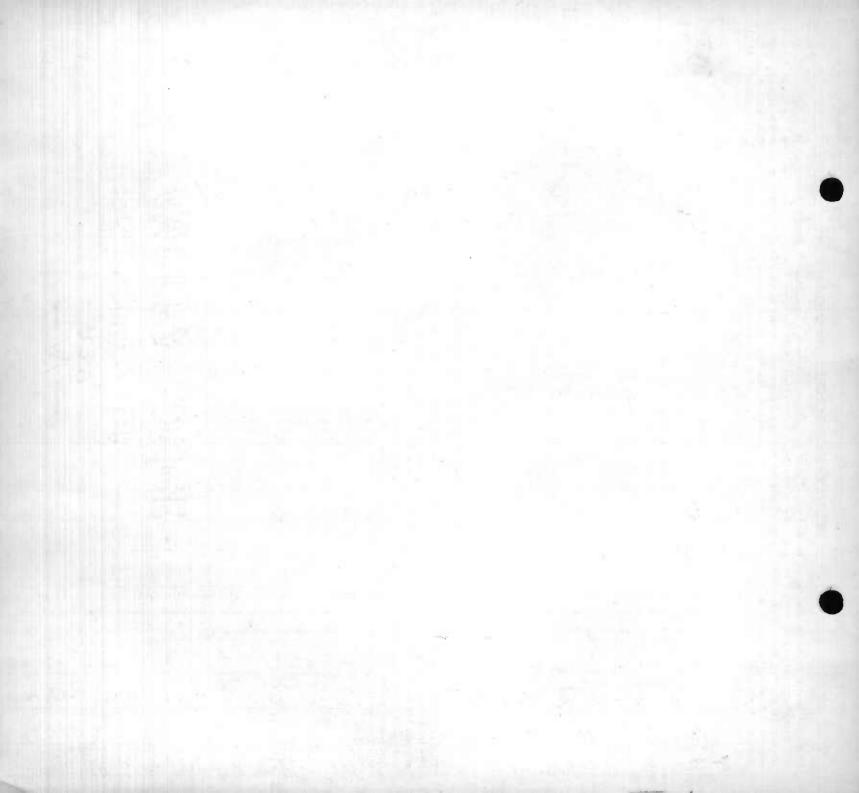


BIRTH NO.	MED	ICAL EXAMINER'S C	ERTIFICATE OF D	EATH Registe	red Na		
M.E. CASE NO.							
1. NAME OF DE	CEASED			HOUR PRONOUNCE			
3. PLACE IN BAL	EVA JACKSON	HERE PRONOUNCED DEAD	Septem 4. USUAL RESIDENCE (Where d	nber 25, 19 leceosed lived. If insti-	65 8:55 A.M. itution: residence before odmission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland c. CITY OR TOWN (If outside	Balti corporate limits, write	RURAL and give township)		
INSTITUTION			Baltimore	21222	53-00		
7 City Hospital			D. STREET ADDRESS (If rurol,	give location)			
5.1			1807 Merri	itt Blvd.			
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
female	white	Widowed	Aug. 13,1888	77 76	74.01.11.2		
DA. USUAL OCC	UPATION (Give kind of war	k108. KIND OF BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State or foreign		12. CITIZEN OF		
one during most of	working life, even if retired)		Nonth Conol	ine	WHAT COUNTRY?		
FATHER'S NA			North Carol		U.S.A.		
	iam G.Moore	FORCES? 116. SO CIAL	Elizabeth	Newton	ADDRESS		
	ED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS		
no		239-10-300	8 Mrs. William	H.Waln	same as #1		
1B.	0 1	CAUS	E OF DEATH	m.walp	INTERVAL BETWEEN		
RISE TO THE UNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING					
_	F OPERATION 198. CON WAS PER	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
UNDERLYING	AL CAUSE WAS OR CONTRIB- JSE OF DEATH. (Month) (Doy) (Yeo	etc.)	in or obout 21 C. WHERE DID (II) office bldg., INJURY OCCUR?		ve exact location)		
OF INJURY (APPROX.)		WHILE AT NOT	WHILE VORK				
22.	rtify that I held an	nquiry Inspection X Au	stapsy and that an this	basis, death In n	ny apinian		
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1620	The Home Horard Co	Accident Solicit			01		
ACTUA	L I//X	20-416	CHIEF MEDICAL EXA		DATE SIGNED		
SIGNAT		M.C	ASSISTANT MEDICAL EXA		Sept. 26, 1965		
EXAMI NAME	(Type) Rudiger	Breitenecker, M.D.	ASSOCIATE MEDICAL EX	AMINEK			
3A. BURIAL CR EMOVAL (Speci		23C. NAME of CEMETERY	or CREMATORY 23D. LO	CATION (City,	, town, or county) (State)		
Buria		165 Toforette	Someond of The land	Foretters	77e Nonth Con-		
	BY HEALTH DEPT.	/65 Lafavette N 248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	Fayettevi	lle, North Caro		
SEP 28		3 E. Farleyna			y, Inc., Dundalk		
/S 151-REV. 1/1			4 100				

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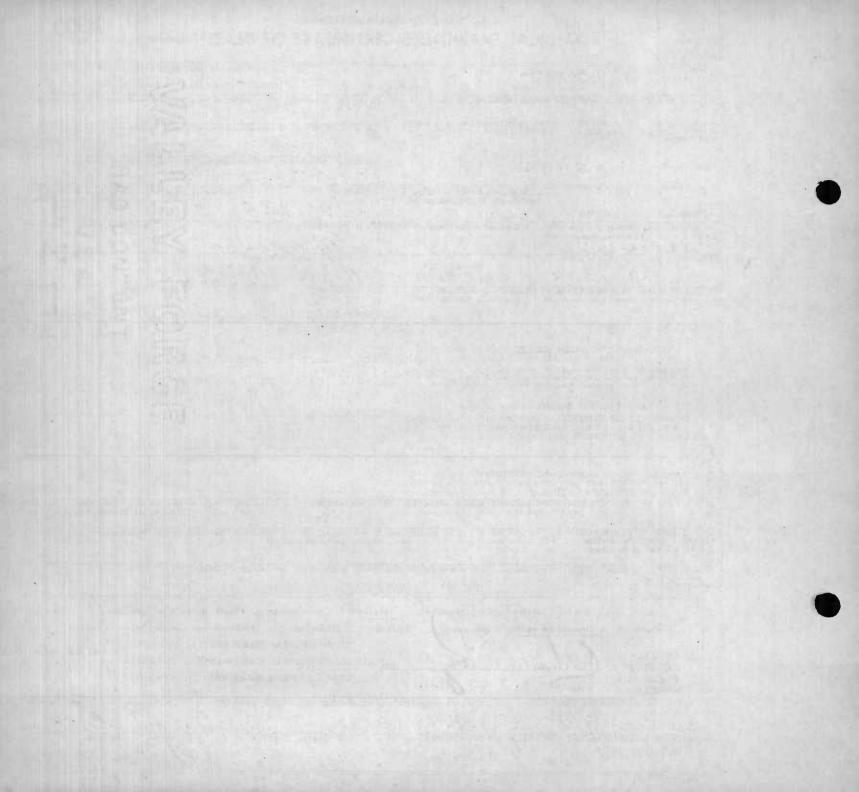




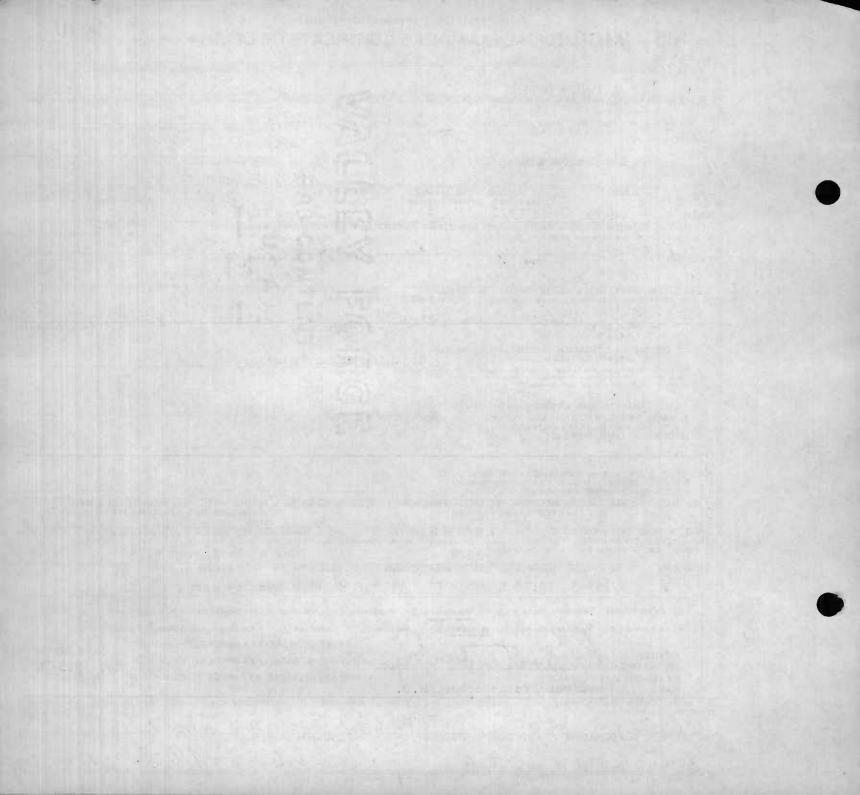


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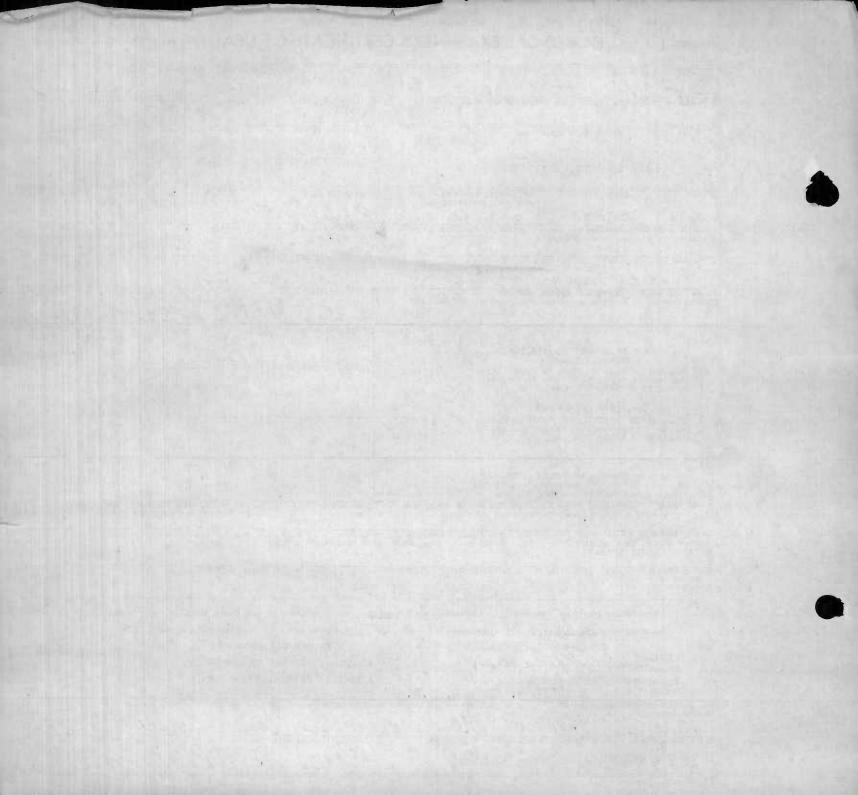
6.	9909	BAL	TIMORE CITY HEAL	TH DEPARTMENT	r		65	9900
BIRTH NO.	MEDI	CAL EXA	MINER'S CI	ERTIFICAT	E OF	DEATH Reg	istered Na	3003
M.E. CASE NO.								
1. NAME OF DE	Bernet BERSET	t te TA	BROWN			ember 22,		7:55 P.
3. PLACE IN BAL	TIMORE MARYLAND, WI	HERE PRONOUNC	ED DEAD	A CTATE		deceased lived. If	institution: resid	lence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
Provident Hospital				D. STREET ADDRESS (If rurol, give locosion) 1611 N. Payson Street				
5. sex Female	6. RACE Negro	7. MARRIED, NEV		2/6/	193	9. AGE (In ye lost birthday) 27		1 Yr. If Under 24 Hrs. Doys Hours Min.
done during most of	UPATION (Give kind of work working life, even if retired)	10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (S)	ryla	n country)	12. CITIZE WHA	N OF T COUNTRY?
	D EVER IN U.S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT	4 7.	niller	ADDRESS	
ires, no or unknown	(If yes, give wor or diple:	s of service/	SECORITI NO.	mary.	Jal.	100-	16114	Lauran S
1B. 4/	/- X .		CAUSE	OF DEATH	10-10	or of the second	741111	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	RECTLY					250	ONSET AND DEATH
	LEADING TO DEATH nat mean the made of		(M)	atic Heart	Disea	se with B	al1	**********
heart failute	, osthenio, etc. It means mplication which caused a	the disease.	Va Va	lve Thromb	us of	Left Atri	um.	
DISEASES RISE TO THE UNDERLYII OTHER SIG	ANTECENDENT CAUSE: OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS (DEATH BUT NOT REL	NY, GIVING ATING THE CONTRIBUTING ATED TO THE	(B) DUE TO					
19A. DATE OF	OPERATION CAUSING OPERATION 198. CONI	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? Yes	(Yes or No)	20B. IF YES, WER		
UNDERLYING	L CAUSE WAS OR CONTRIB-		CE OF INJURY (e.g., orm, foctory, street, o			(If in Boltimore Cit	y, give exoct lo	
Z1D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK								
ACTUA SIGNAT EXAMIN NAME (VER'S Charles	oses X Acci	Autorial Suicide M.D. M.D.	Hamicid CHIEF ME ASSISTANT ME ASSOCIATE MI	DICAL EXECUTED IN THE PROPERTY OF THE PROPERTY	XAMINER	anner 🗌	DATE SIGNED
23A. BURIAL CRE REMOYAL (Specif 24A. DATE REC'D SEP 2	e 9/27	23C. N 24B. NAME OF	REGISTRAR	an	23D. L	ne ar	City, town, or countries	Complete (Stote)
VS 151-REV. 1/1/	0600	1	13	Meis	uglo,	N.9.91	ullege	1/2/0/100

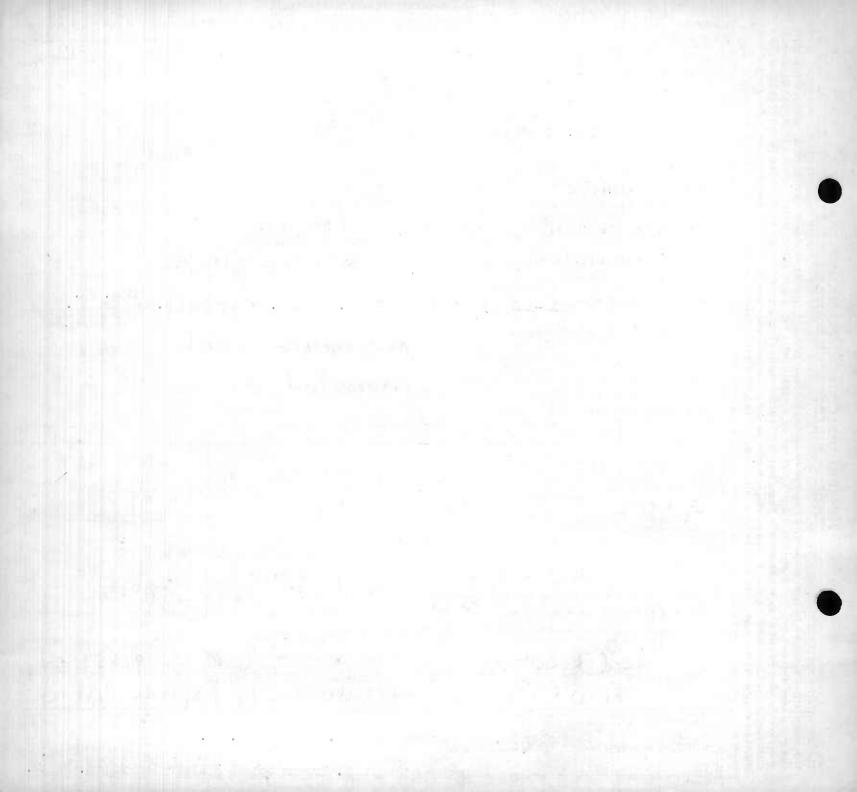


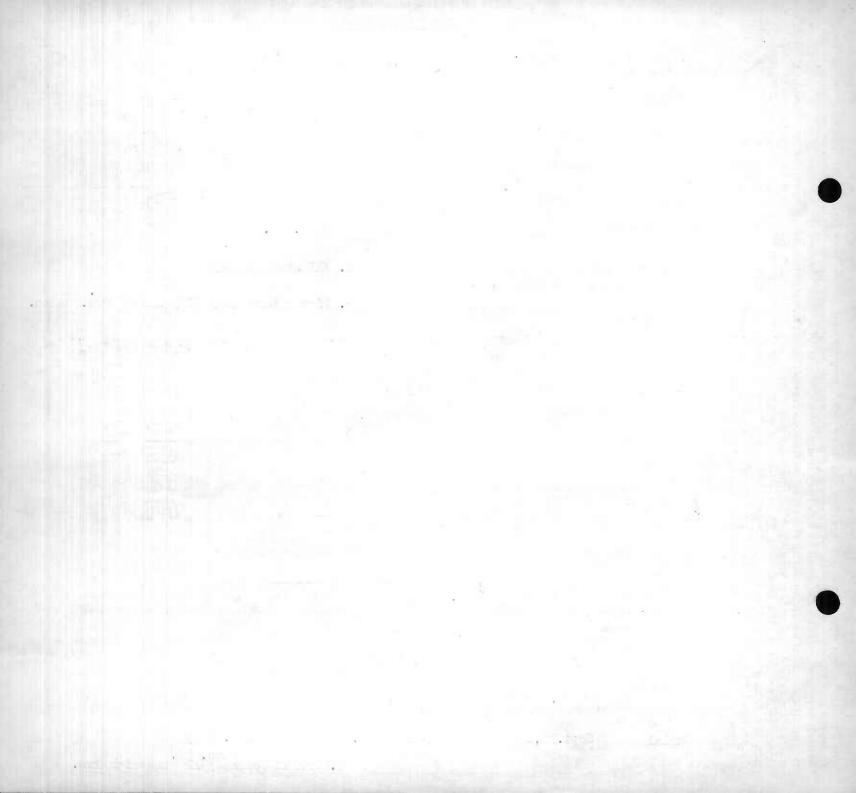
M.E. CASE NO.	LECTION OF DEPARTS				
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD				
RANDOLPH DAVIS	September 25, 1965 10:55 RA.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	Baltimore				
Bon Secours Hospital	D. STREET ADDRESS (If rurol, give locosion) 2407 W Lexington St.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) male negro Married	8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min. 12/24/19/8 46				
10A, USUAL OCCUPATION (Give kind of work) DB. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	Meddlelsun Venn.				
alsear dans	Untrown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
18 = 830,4 CAUS	TO CENER OF DEATH OF DEATH ON SET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH (This does not mean the mode of dying, e.g., head foilure, asthenia, etc. II means the disease, injury or complication which coused death.) Crushing chest injuries DUE TO DUE TO					
ANTECENDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED					
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
NO NO NO NO NO NO NO NO					
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED					
OF INJURY (APPROX.) 9/25/65 10:10 Pm. WHILE AT NOT WHILE X Run over by car					
22.	utopsy ond that on this bosis, death in my opinion				
resulted from: Norty of couses Accident X	de Homlcide Undetermined monner				
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER Sept. 26, 1965					
EXAMINER'S Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER				
23A. BURIAL CREMATION 23B. DATE 23C. NAME of CEMITERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C FUNERAL DIRECTOR ADDRESS				
SEP 28 1965 @ 0 6 8 72 0 113	Ullington & Phellips 1727 Money				
VS 151-REV. 1/1/65	0 0 1/2 4				



VS 151-REV. 1/1/65

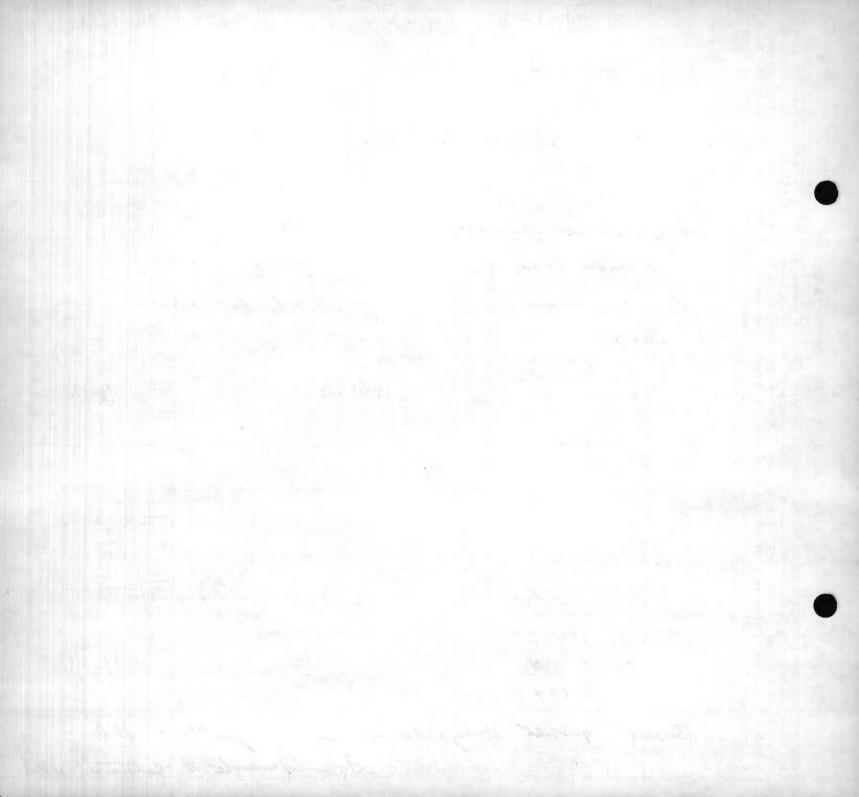






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MANUFACTURE AT 1881

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2 -61-6 TALE WATER SESSEL

LILL C. MALYRON, BROWNERS WITH U.S. L.

ST. Johns Action

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EV AD LIBETS AD LIBET AND DESCRIPTION OF THE PARTY OF THE

VS 150-REV. 1/1/65

University thespital Hagestown and Wastson Ave

David Patrick Smith Gloria Dean Sharzer
NO Morher

None

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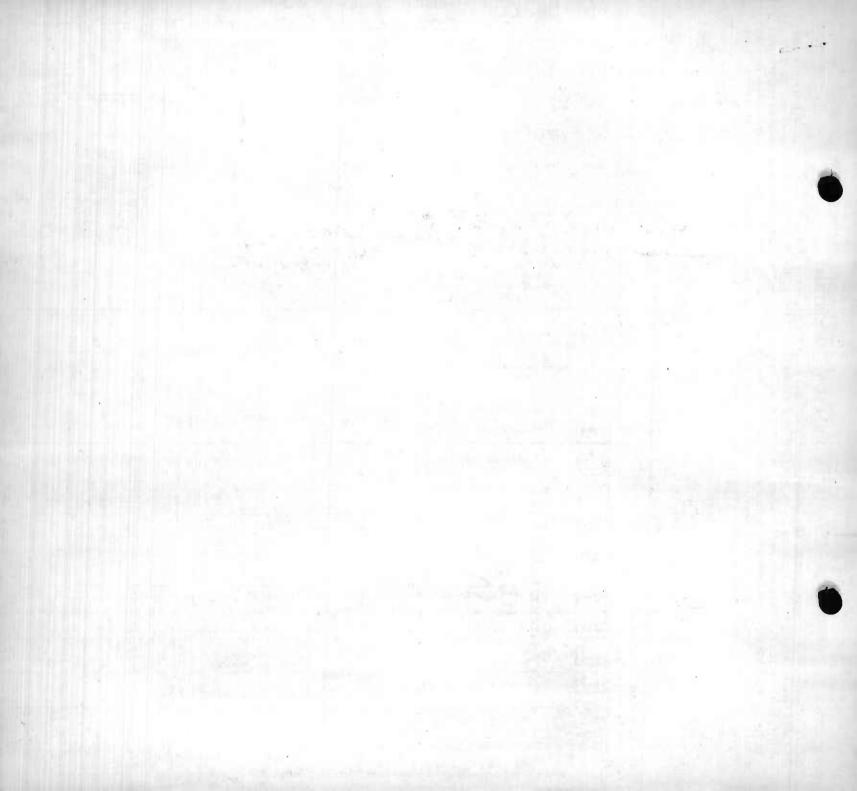
FUNERAL DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

a was a state of the Maryland General Heap at Colores . ? 6754 Windson Mill M W Marine 1 10-5-87 75 A me Tableta Chronic Lymphory to Landon 2/28/25 Partial bound obstruction

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81	RTH NO.	69 99	CO	ERTIFICA			/ Registered Na	.05	0000
@ E	LE CASE NO.		CI	KIIFICA	IE OF		7	00	9923
Such	NAME OF DEC	YOUNG, FL	OPENCE A			-	AND HOUR OF DEATH		2 1.00
3.	PLACE OF DE	ATH IN BALTIMORE, MA			TA USUAL I	SE IDENCE (W	PTEMBER 26	institution: to	Z:4UP
		GNES HOSPIT			A. STATE	B. CO	UNTY		/
	FULL NAME OF	OF (If not in hospital	or institution, give street			YLAND		SOLA	
	INSTITUTION	WILKEN & CA	TON AVES.				outside city limits, write	RURAL ond	give township)
1	0 1	BALTIMORE,	MARYLAND 21	229	D. STREET	DSTOCK	(If rurol, give location)	0	500
5.	SEX	6. RACE	7. MARRIED, NEVER N	AARRIED	B. DATE OF	COURT	9. AGE (In years	If Under Months;	1 Yr. , If Under 24 H
	FEMALE	WHITE	WIDOWED, DIVORCE	CED (specify)	12-3	1-89	lost birthdoy	Months	Doys Hours Min.
10	A. USUAL OCC	UPATION (Give kind of wor		S OR INDUSTRY			The same of the sa	12. CITIZ	EN OF
		working life, even if retired)			EDED	EDICK	MADVIAND		T COUNTRY?
	RETIREI				THE D	S MAIDEN N	MARYLAND	US)A
					141 MOTHE	, , , , , , , , , , , , , , , , , , ,	TANKE .		
	JOHN DA								
(Y	es, no or unknow	d Ever in U.S. Armed Fo n) (If yes, give wor or dote		AL IRITY NO.	17. INFORM	ANT	BAL ECORDS-WIL	TIMORI	E. MD.
	NO				ST. A	GNES R	ECORDS-WIL	KENN 8	CATON AV
	18.11 9	0.1		CAUSE OF	F DEATH			1	NTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY	,	2	1	0 · 1 A		DIASEL MAD DEATH
	(This days	LEADING TO DEATH	1.00	(A) Cecul	e my	ocardia	elmfæren	lin	• 0.000 1.01000000000000000000000000000
	hearl foilure,	not mean the made al , asthenia, etc. It means	the diseose,	DOE 10	0		linfarct		
		mplication which caused		AC	CUD			100	
		ANTECEDENT CAUSES		(B) AS	anaid management of the	*******			
		OR CONDITIONS, if ne obave cause (A)		(C)					
		G CONDITION last.		(0)			000 00 00 00 00 00 00 00 00 00 00 00 00		
II.		11							
ATION	OTHER SIGN	DEATH BUT NOT RELA							
		CONDITION CAUSING		DEDATION	20A A.	OPSY? (Yes or	Nall 200 IF HER WITE	F FINI PUNCT	CONSIDERED
CERTIFIC	E A	WAS PER		EKATION	200 AU	Ok211 (192 0)	No) 20B. IF YES, WERI	AUSES OF D	EATH?
200	21 A. ACCIDE	ENT WAS UNDERLYING	21B. PLACE O	F INJURY (e.a ir	or obout 210	WHERE DID	(If in Boltime	ore City, give	exoct lacotion)
	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner)	home, form, feetc.)	F INJURY (e.g., in octory, street, of	fice bldg., IN	URY OCCUR	?	7. 5.0	
l u)	(Month) (Doy) (Year)		OCCUPED	215	HOW DID	INJURY OCCUR?		
MEDI	OF INJURY	Tradition (Doy) (Teon	While At	Not White		. HOW DID	INJURY OCCUR!		
	(APPROX)		Work	At Work					
	22. I certify	that XI) (this hospita	l) attended the decea	sed fram 9	-19-		1965 to 9	7-26-	19 65
	1) last saw the decease		26-65	19	and	that in (my) (aur) of	plnion deat	h accurred an the d
	_	id from the causes sta		id) (dld not) v	iew the bad				
	23A. SIGNATE		1 41					23B. DAŢI	SIGNED
	2371 31014711	.)	rallo	M.D. Afte	ending	Med. Director	Stoff Phys.	9/-	26/6
	234.3101441	armen -		Phy:	3 23D. ADDRES		rnys.	PALTO	MD 21220
	23C.PHYSICIA	armen 7		E				CLASS THE	
	23C. PHYSICIA NAME (1	AN'S Type)	777				OCDITAL	DALIO	. MU. 21 229
	23C.PHYSICIA NAME (1	ANS Type) MEN FRATTO		M.D.	ST. A	GNES H	HOSPITAL -	WILKE	N & CATON
24	23C. PHYSICIA NAME (1	ANS Type) MEN FRATTO EMATION, 1248, DATE	24C. NAME of CI	M.D.	ST. A	GNES H		WILKE	
24	23C. PHYSICIA NAME (1) CARI	AN'S Type) MEN FRATTO EMATION, 248. DATE (Specify)	9,65 Mt. C	M.D. EMETERY or CRE	ST. A	GNES H	LOCATION (county) (Stote)
	23C. PHYSICIA NAME (1) CARI	MEN FRATTO EMATION, 248, DATE (Specify) Sept. 2 D BY HEALTH DEPT.		M.D. EMETERY or CRE	ST. A	GNES H	andallstown,		county) (State)
	23C. PHYSICIA NAME (1 CAR) AA. BURIAL CRE REMOVAL (1	MEN FRATTO EMATION, 248. DATE (Specify) Sept. 2	9,65 Mt. C	M.D. EMETERY or CRE	ST. A	GNES H	andallstown,		county) (Stote)

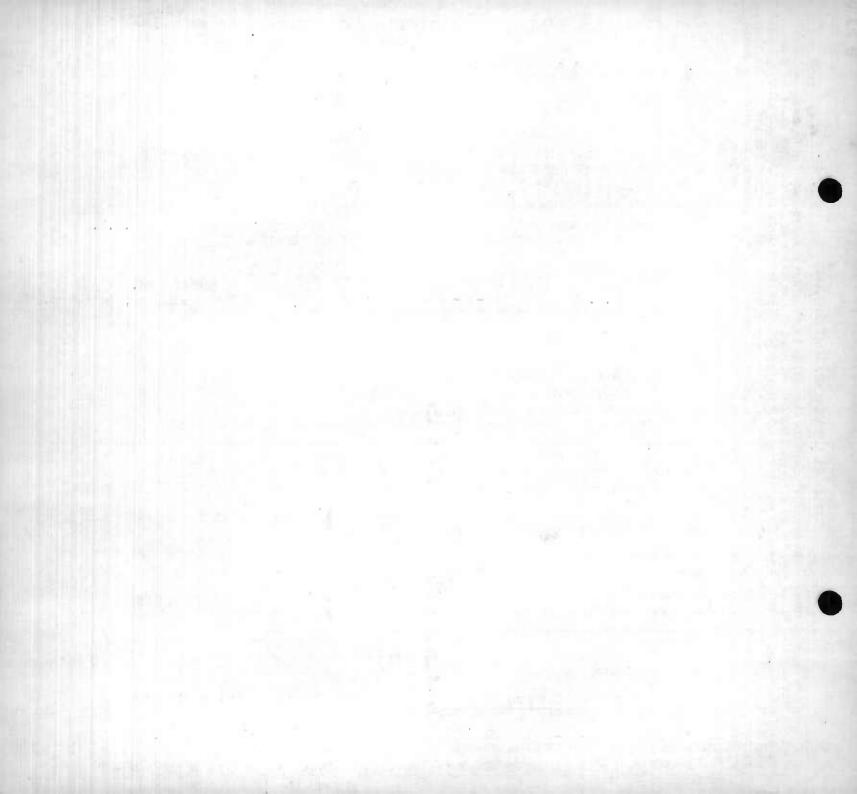
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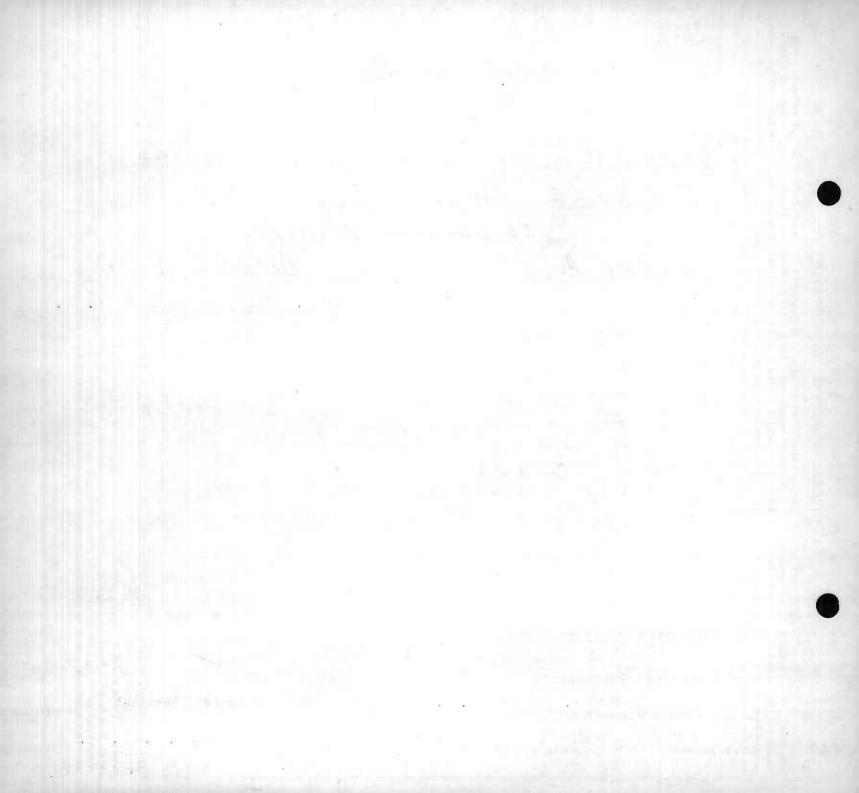
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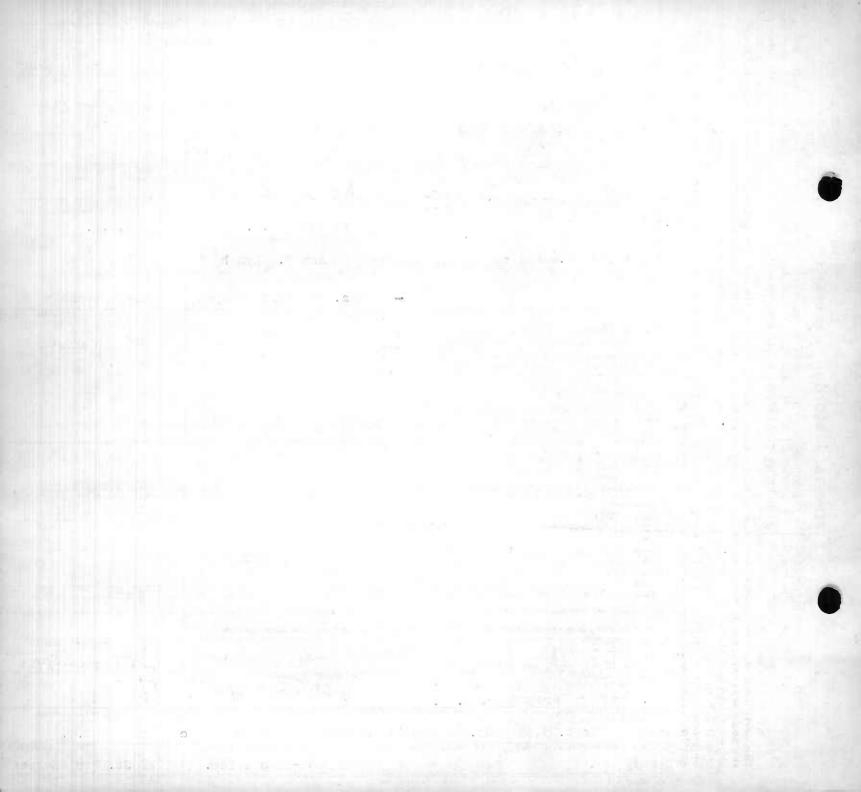
DIRECTOR:

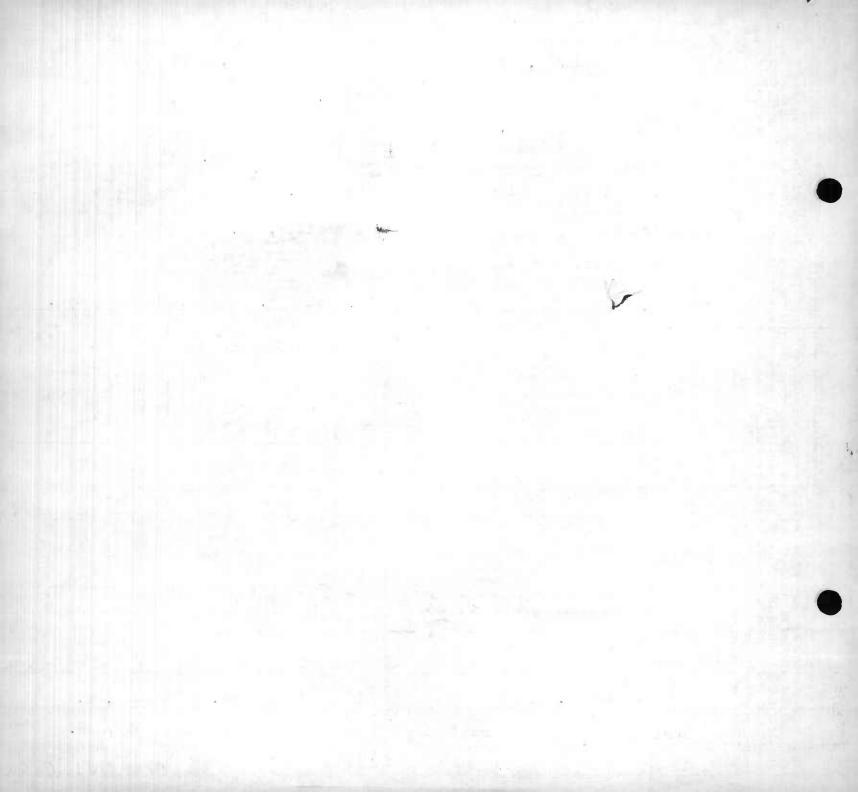
BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/65

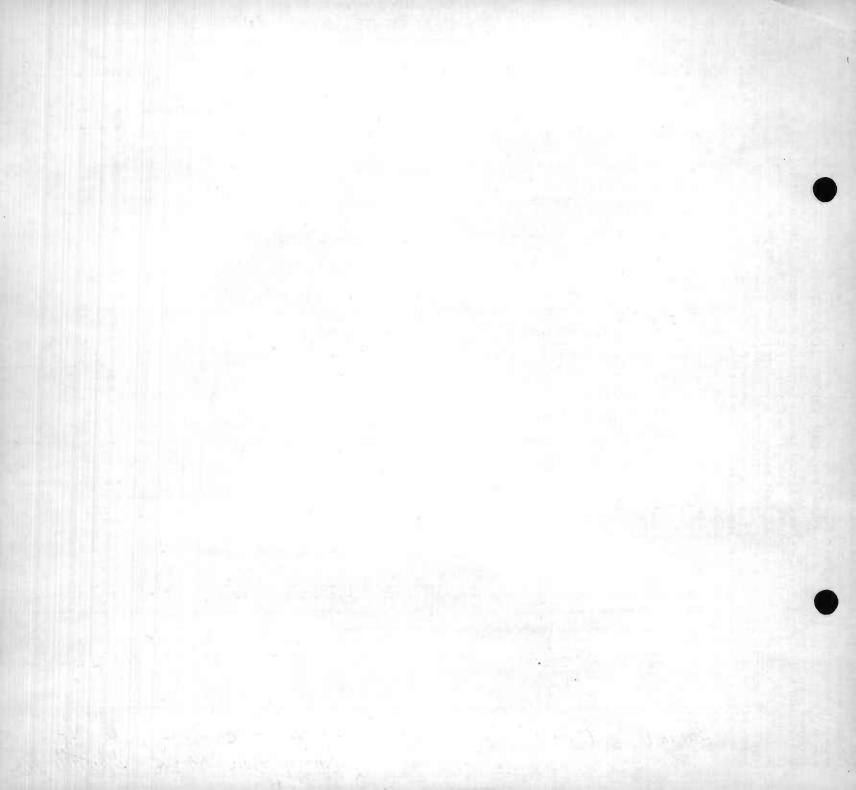




1. NAME OF I		400	2. DATE AN	D HOUR OF DEATH		
	COWDER, Golan		4. USUAL RESIDENCE (When	9/24/65	12:35	a. M.
3. PLACE OF	DEATH IN BALLIMORE, MA	KTLAND	A. STATE B. COUN	TY	nstitution: residence before	odmission)
FULL NAM	E OF (If not in hospital oddross or location	or institution, give street	Maryland, Bal	timore	RURAL and give township	
INSTITUTIO	Veterans Admi:	nistration Hospital	Randallstown	side city limits, write	53-00	
15	3900 Loch Rav	7 W 1 State	D. STREET ADDRESS (If	rural, give location)		
5-	Baltimore, Ma		3002 Offutt Ro	oad		
Male	6. RACE Caucasian	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	11/22/15	ost birthdoy)	If Under 1 Yr. If Und Months: Ooys Hours	or 24 Hrs. Min.
	CCUPATION (Give kind of world to a world world)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
Carper	nter	Unknown	Morrisdale, Per		U. S. A.	
13. FATHER'S			14. MOTHER'S MAIDEN NAM			
	rd Cowder	Land Market William Committee Commit	Grace Ruth Cob.	re		
	own) (If yes, give wor or dote	s of service) SECURITY NO.	Veterans Admin	istration 3	900 Loch Rave	a. Blw
Yes	3/15/41 to 1	2/7/45 210-09-8565	Hospital		ltimore. Md.	
18./6	2.11		PF DEATH		INTERVAL BETT	VEEN
DIS	EASE OR CONDITION DIE		nchogenic Carcino	ma with	3 months	
(This doe	s nal mean the made of	dying, e.g., DUE TO &	letastases to Med		J 110110118	1
	ure, asthenia, etc. It means camplication which coused		Brain and Liver			
4.35	ANTECEDENT CAUSES	(B)OUE TO	~ 5 ~ 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************		
	OR CONDITIONS, if the abave couse (A)	any, giving				
	ING CONDITION lost.	stoting the (C)	***************************************			
7	II a				1-0	
E TO THE	GNIFICANT CONDITIONS CONDITIONS CONDITIONS CANCELLO	TED TO THE				
19A. DATE		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B, IF YES, WERE	FINDINGS CONSIDERED	
19A. DATE	WAS PER	FORMED	Yes	IN CERTIFYING CA	USES OF DEATH?	
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF otify medical examiner	21B. PLACE OF INJURY (e.g., i home, lorm, toctory, street, o otc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimore	e City, give exact location	
U	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
□ 21 D. TIME	CIVIONIA (DOY) (1801)					
	Y (1710)	While At Not While At Work	0			
21D. TIME OF INJUR' (APPROX.)		Work L. At Work		9 65 to Sent.	ember 21.	65
21D. TIME OF INJUR (APPROX.) 22. 1 cert	rify that (M(this hospitol	Work At Work One of the deceased from Set	otember 3.	9 65 to Sept	ember 24, 1	the date
21D. TIME OF INJUR (APPROX) 22. 1 cert that (A)	ify that (M(this hospitol we) lost sow the deceose	work At Work) oftended the deceased from Set ad alive an September 24,	otember 3, 1	9 65 to Sept at in (m) (aur) opi	ember 21, 1	the dote
21D. TIME OF INJUR (APPROX) 22. 1 cert that (A)	rify that (M)(this hospitol we) last sow the deceose ond fram the couses sto	Work At Work One of the deceased from Set	otember 3, 1	9 65 to Sept.	ember 21, 1 Inlon death occurred a	the dote
21 D. TIME OF INJUR (APPROX.) 22. 1 cert that M) (1 and haur 23 A-31 GN.	ify that (M(this hospitol we) last sow the decease and fram the couses stor	work At Work of ottended the deceased from Served olive an September 24, and olive an September 24, and obove. (We) (did) (didXX)	otember 3, 1 19 65 ond the riew the body after death. anding Med. Oirector is.	st in (m) (aur) opi	23B. DATE SIGNED, 9 246	the dote
21 D. TIME OF INJUR' (APPROX.) 22. I cert that (I) (sand haur 23 ar. 31 GN.	rify that (M) (this hospital we) last sow the decease and from the couses stated at the couse st	work At Work) oftended the deceased from Set ad alive an September 21, ed above. (We) (did) (did)	otember 3, 1 19 65 ond the riew the body after death. anding Med. Oirector 3. Appress VA HOSPITAL, 390	Stoff No.	23B. DATE SIGNED 9 246	of 65 , the dote
21 D. TIME OF INJUR' (APPROX.) 22. 1 cert that (APPROX.) 23. 1 cert that (APPROX.) 23. 23. 23. 24. 24. 23. 24. 24. 24. 24. 24. 24. 24. 24. 24. 24	rify that (M) (this hospital we) last sow the decease and fram the couses stor ATURE CIAN'S E (Type) TW. HAMILTON CREMATION, 248, DATE	work At Work At Work of ottended the deceased from Served olive an September 24, and olive and	otember 3, 1 19 65 ond the view the body after death. ending Med. oriector VA HOSPITAL, 390 Baltimore, Ma	Stoff (mx) (gur) opi Stoff (mx) Phys. X O Loch Rave aryland 212	23B. DATE SIGNED, 9 246	the date
21 D. TIME OF INJUR (APPROX.) 22. 1 cert that M) (1 and haur 23 A. 31 GN. ROBER 24A. BURIAL REMOVA BURIAL	cify that (M) (this hospital we) last sow the decease and fram the couses stated at the couse	work At Work At Work of ottended the deceased from Set of olive an September 211, ed obove. A (We) (did) (dixXX) M.D. Att. Phy M.D. 24C. NAME of CEMETERY of CR	otember 3, 1 19 65 ond the view the body after death. ending Med. oriector VA HOSPITAL, 390 Baltimore, Ma	Stoff (mx) (gur) opi Stoff (mx) Phys. X O Loch Rave aryland 212	en Boulevard 218 ity, town, or county	the dote
21D. TIME OF INJUR (APPROX.) 22. I cert that II) (and haur 23A-31GN. PHYSI NAM ROBER CAA. BURIAL REMOVA	cify that (M(this hospital we) last sow the decease and fram the couses sto ATURE CIAN'S E (Type) TW. HAMILTON CREMATION, 24B. DATE (Specify)	work At Work At Work of ottended the deceased from Set and olive an September 211, ed obove. (We) (did) (dixx) M.D. Att. Phy M.D. 24C. NAME of CEMETERY of CR	otember 3, 1 19 65 ond the view the body after death. ending Med. oriector VA HOSPITAL, 390 Baltimore, Ma	Stoff (mx) (gur) opi Stoff (mx) Phys. X O Loch Rave aryland 212	238. DATE SIGNED 9 246 en Boulevard	the dote

Manual Company or of conference . we shall lego Principal Short and the manual test and leader the post and best and half action of Carleson Carleson . 12 -----

		CITY HEALTH DEPARTMENT	07 0000
	9929 CERTIFIC	CATE OF DEATH Registered	No. 65 9929
M.E. CASE NO. I. NAME OF DECEASED		2, DATE AND HOUR OF DE	ATH
MARY ELLEN	Beolon		
3. PLACE OF DEATH IN BALTIMORE, M.	ARYLAND	Sept 21, 19	If institution; residence before adm
		A. STATE B. COUNTY	
FULL NAME OF (If not in hospital HOSPITAL OR address or location	or institution, give street	C. CITY OR TOWN (Proutside city limits, w	the DIDAL and a second in
INSTITUTION		0	
Q UNIVERSITY H	to s.p.	D. STREET ADDRESS (If rural, give location	1 4-42
38		_	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 2 Months Doys Hours
F	WIDOWED, DIVORCED (specify)	10-14-01 lost birthdoys	Months Doys Hours
IGA USUAL OCCUPATION (Give kind of wo	Married Think STATE OF INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)			WHAT COUNTRY?
Housewife		West Va.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Ro	binson	Maryteeter	S
15. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or do	les of service) SECURITY NO.	Pti handred.	
118.	CAUS	E OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION D		A .	ONSET AND DEA
LEADING TO DEATH		Acute Renal Faile	160 de
(This does not mean the mode o		ICM A ILONIAL LALIO	ire 16 da
heart failure, asthenia, etc. It mean injury or complication which cause		1 + 1 1 "	2.2 1
ANTECEDENT CAUSE		cule Tubular Necrosi	s d2da
DISEASES OR CONDITIONS, if	DUE TO	1,1	
rise to the above cause (A)		ver 2º Pententis	an an an in in the composition on the composition of the composition o
UNDERLYING CONDITION last.			
Z	CONTRIBUTING		
OF THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE		
DISEASE OR CONDITION CAUSING	IT. NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. W	ERE FINDINGS CONSIDERED
194. DATE OF OPERATION 198. CO	REORMED	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY 10.	g., in at about 21 C. WHERE DID (If in Bolt t, office bldg., INJURY OCCUR?	imore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, farm, foctory, street	t, office bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY			
(APPROX.)	While At Work At W		
22. I certify that (1) (this hospital	il) attended the deceased from	1	7-29 19
that (1) (we) last saw the deceas	ed alive an 1-7	19 () and that in (my) (our)	apinion death accurred on t
and haur and from the causes sta	sted abave. (1) (We) (did) (did no	t) view the body after death.	
23A. SIGNATURE			23B. DATE SIGNED
2 C Hese	M.D.	Attending Med. Stoff Phys.	9-211-1
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 9 6
NAME (Type)	. \	N.D.	
24A. BURIAL CREMATION, 24B. DATE	240. NAME OF CEMETERY OF	MIVERSITY	TOSP
REMOVAL (Specily)	1 1 1	A LOCATION	(City, to Vn, or county)
BURIAL 4-26.	65 Forest Gles		ng W. VA.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	L JODRESS
SEP 28 1965 P.O. A	E tarberton	TYOTHEY Ween Hay	Ma sykerrile
S 150-REV. 1/1/65		1 1 1 1 1 1	1



(Ту	BRANDENBURG, JESSE W.		9-23-65	
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location)	MARYLAN	D CARF	
	ST. AGNES HOSPITAL	SYKESVI		RURAL and give township)
5. 5	MALE WHITE 7. MARRIED, NEVER MARRIED WINDOWED CED (specily)	8. DATE OF BIRTH 2- 4 -8	9. AGE (In years lost highday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS e during most of working life, even if refired)	MARYLA		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
	JESS L.	FLORENCE	THOMAS	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no o unknown) (11 yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		CATON & WILKENS
4	IB.33/X I CAUS	OF DEATH		INTERVAL BETWEELS.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Goal vasculur	presheat	8-30-1965
	(This does not meon the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	an canana a fi cocca Emercacioni e a a cost 34 ab 1966 anno.	00000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9-23-1965
	ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)			
	UNDERLYING CONDITION last.			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO Yes	OT No. 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, stree etc.)	office bldg., INJURY OCCU	D (If in Boltime	ore City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not Work AI W	21F. HOW DID	INJURY OCCUR?	
	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on SEPTEMBER and hour and from the couses stated above. (I) (We) (did) (did not considered by the state of the state o	Attending Med. Director 23D. ADDRESS	d that In (my) (our) o	23B, DATE SIGNED 9-24-65
L	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF BURIA 9-27-65 Wood/AWA and DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	CREMATORY 24 CEMPLERY 25C. FUNERAL DIRECT	BAHimore	City, town, or county) (Stote)

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AND AND THESE SECTIONS OF THE STATES

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SEE A. MITTEE

3 373

BIRTH NO.	65	9931		ATE OF DEATH	Registered 85.	9931		
M.E. CASE NO.	EASED		OZIKTII TO		AND HOUR OF DEATH			
Type or Print)	HOOPER, ALICI	2			/21/65	4;20 a		
	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If in	nstitution; residence before odmissia		
HOSPITAL OR	OF (If not in hospital oddiess or location	or institution, gr)	ve street	C. CITY OR TOWN (If outside city limits, write RURAL and give township				
INSTITUTION	Baltimore 4940 Easte			Baltimore	(If rurol, give location)	and the same give terminally		
21	Baltimore	Maryla	nd 21224	1638 W. Iar	vale St., 17			
SEX	6. RACE	7. MARRIED, I	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.		
Female	Negro	Widowe	DIVORCED (specify)	7-14-1887	78	Months Doys Hoors Iville		
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
Housew:				Maryland		U.S.A.		
B. FATHER'S NA	ME			14. MOTHER'S MAIDEN	IAME			
Unknow	wn			Unknown				
. Was Deceased	Ever in U. S. Armed For	es?	6. SOCIAL	17. INFORMANT ADDRESS				
es, no or unknow	n) (If yes, give wor or date	s of service)	Unknown	Records:BCH-4	940 Eastern A			
1B. 3	8XI		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEA	SE OR CONDITION DIR	ECTLY	Duo	bable Aspiratio	able Assisstics			
(This does	nal mean the made al	dying, e.g.,	DUE TO			15 minutes		
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B)					Gastro Intestinal			
				Bleeding, Pro	2 days			
DISEASES	OR CONDITIONS, il	any, giving	DUE TO					
	e abave cause (A) G CONDITION last.	slating lhe	(C)					
ONDEREN	11							
TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE		lerotic Cerebr th Congestive H				
	F OPERATION 198. CON WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 B. I home etc.)	LACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR!	(If in Boltimor	e City, give exoct locotion)		
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not W At Wo		NJURY OCCUR?			
22. I certify	that (1) (this hospital) attended the	deceased from	11/18/64	19to9	/21/65		
that (I) (we) last saw the decease	d alive on	9-21-65			nion death accurred on the do		
				view the body after deat				
23A. SIGN AT		1				23 B. DATE SIGNED		
	Itlle 1	aller	M.D. A	hys. Med. Director	Stolf Phys.	9-21-65		
23C. PHYSICIA	ANS Type) ALLEN JOHNS O	J	M.I	23D. ADDRESS		ltimore, Maryland		
4A. BURIAL CRE			ME of CEMETERY or C			ity, town, or county) (Stote)		
REMOVAL		4 -4 -	The second secon	24 4.4				
Burial	9-25-	65 Sac	red Hearts	Cemetery B	altimore, M	Maryland		
OFD O	BY HEALTH DEPT.	230. NAME OF	O STANK					
SEP Z	@ 1900 (1) ()	क है। पर	Web PLR	o martes k	o Law, 002	Madison Ave.		

Surfaced on 12

21 A. EXTERNAL CAUSE WAS

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., INJURY OCCUR?

UTING CAUSE OF DEATH. Home 21D TIME (Manth) (Day) 1:35 21E. INJURY OCCURRED (Year) OF INJURY 165 NOT WHILE (APPROX.) WHILE AT m. WORK

3019 Rayner Avenue 21F. HOW DID INJURY OCCUR? Stabbed in chest with pair of scissors by girl friend

I certify that I held an Inquiry Inspection resulted from: Notural causes Accident

AutopsyX and that an this bosis, death in my opinian Homicide X Undetermined monner

CHIEF MEDICAL EXAMINER X M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. ASSOCIATE MEDICAL EXAMINER

9-27-65

23A. BURIAL CREMATION. 23B. DATE

23C. NAME of CEMETERY of CREMATORY

Suiclde

23 D. LOCATION (City, town, or county)

REMOVAL (Specify) 大かりひひかん 24Å. DATE REC'D BY HEALTH DEPT.

248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

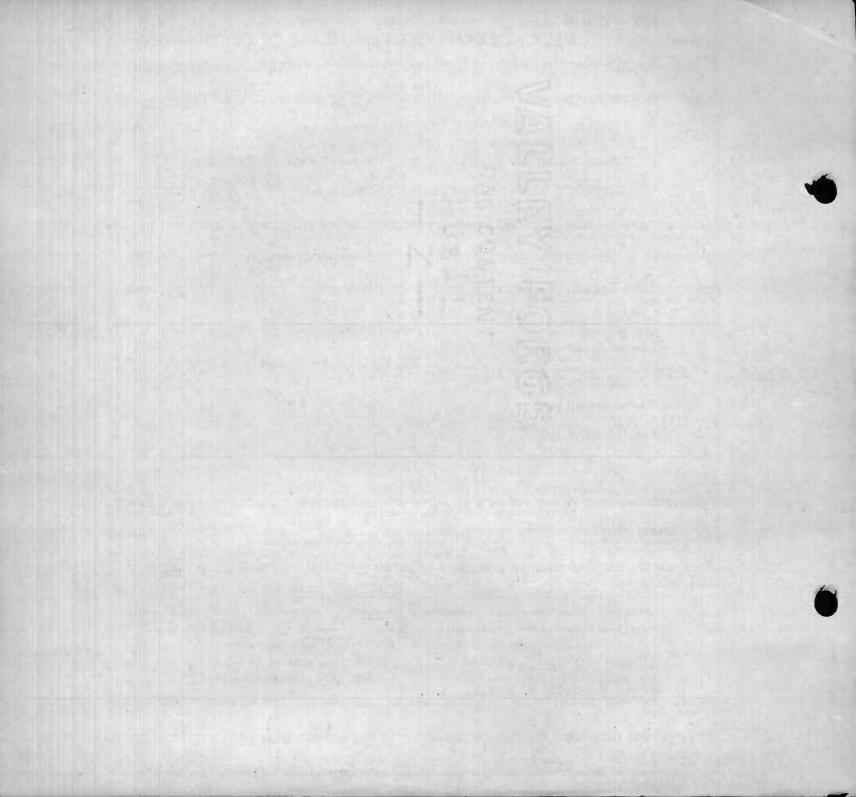
ACTUAL

SIGNATURE

MEDICAL

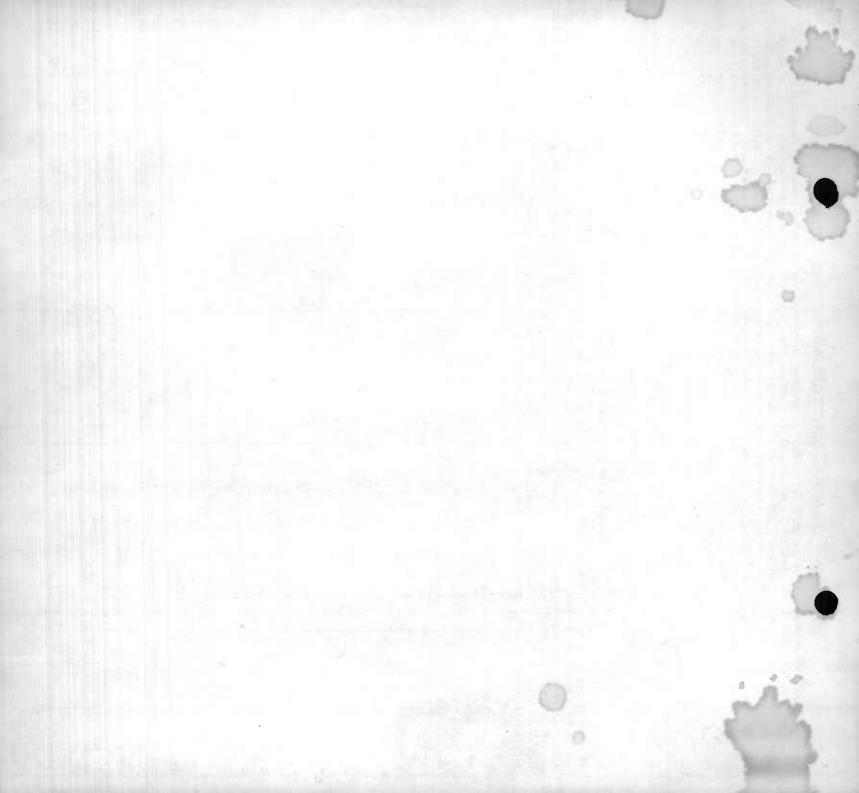
22.

VS 151-REV, 1/1/65

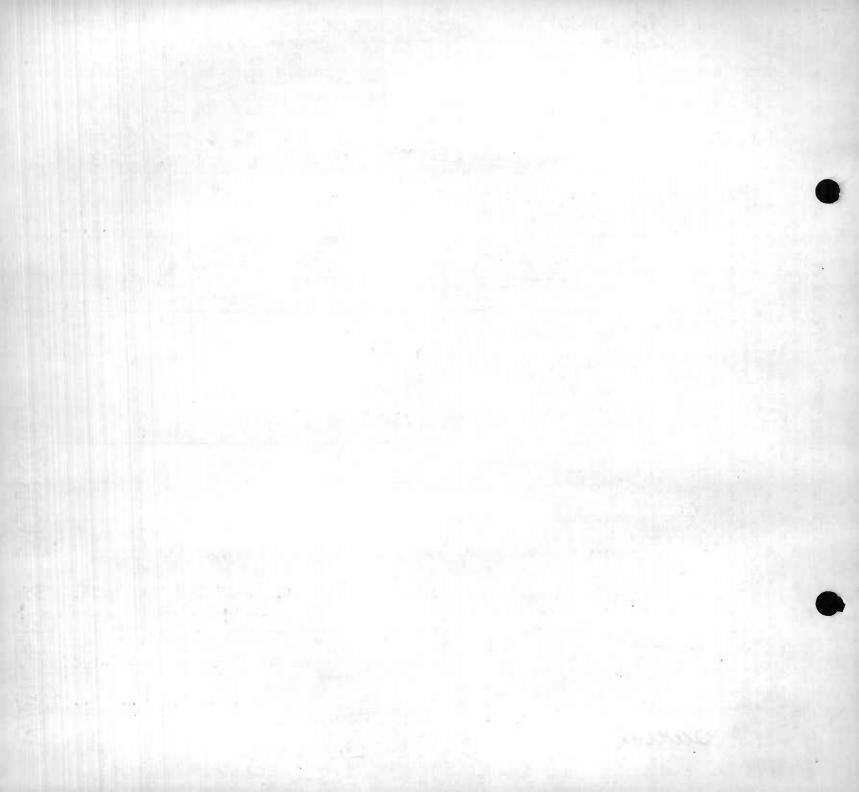




05 0003	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 9934
BIRTH NO. 65 9934	CERTIFICA	ATE OF DEATH	Registered Na.	65 9934
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Printl			/ /	
HOMAS (ENN	ISTON		9/25/	65 5:15 A stitution: residence before admission
. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND .	A. STATE B. COUN	e deceased lived. If in	stitution; residence before admissio
				7 - 11
FULL NAME OF (If not in haspital or inst	titution, give street	C. CITY OR TOWN (If out		41-10
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write l	(URAL and give township)
SINAL HOSPL	TAI OF	BALTIMORE		
JINA (NOSTE		D. STREET ADDRESS (If	urol, give lacotion!	
BALTO I	-NE.			IA
		3215 Woo	DLAND	AUE
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hi Months: Doys Hours Min.
MARIE NI- 1000 W	IDOWED, DIVORCED (specify)		ast birthday)	Months Doys Hours Min.
YALE NEGRO	SINGLE	8/12/1907	58 4VS	
OA. USUAL OCCUPATION (Give kind of work 10 B. K	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
one during most of working life, even if retired)				WHAT COUNTRY?
Touck DRIVER		VIRGINIA		USA
TRUCK DRIVER 3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	
		1		
		CAroline		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknawn) (If yes, give war ar dates of s	ervicel SECURITY NO.	THE OWNER OF THE PROPERTY OF T	1	A A A A A A A A A A A A A A A A A A A
		Mrs. MARY Sh	10. 191	2/1/
			Triey 116	K Lu perper
1B. 15.3 3	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y			KNOUN
LEADING TO DEATH			()	1 20000
	(A) NE	CTO SIGMUID	CARCINOMIA	9/24-09 125
IThis daes nat meen the made of dying heart failure, asthenia, etc. It means the d	g, e.g., DUE TO			
injury ar camplication which coused death				, ,
	ZAAT 191	IBSTINAL OB	STRUCTION	9/24 -36/24
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stolin				
UNDERLYING CONDITION Iosl.		######################################		• • • • • • • • • • • • • • • • • • •
7	BUTING RENA	L		
O OTHER SIGNIFICANT CONDITIONS CONTR	10011110			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TAIL	IRE		
U 19A. DATE OF OPERATION 119B. CONDITION	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Na	208. IF YES WEDE	EINDINGS CONSIDERED
WAS PERFORME	DINTESTINAL	20101311110	IN CERTIFYING CA	USES OF DEATH?
= / 9/24/63 OBSTR	WC TION			
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If in Baltimare	City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, farm, factory, street,	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?		
DEATH (notify medical examiner)	etc.)			
D 21D. TIME (Manth) (Day) (Year) (Hou	ur) 21E INJURY OCCURRED	21F. HOW DID INJ	IBY OCCIID?	
	THE HAJORI OCCORRED	ZIII NOW DID INJ	JK! OCCOR!	
OF INJURY	111111			
	While At Not Wh			
S OF INJURY (APPROX.)	Wark At Work	k 🗀		
S OF INJURY (APPROX.)	Wark At Work	k 🗀	965 to	9/25 10 /
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) atte	wark At Work	9/23 1	9 65 to	
S OF INJURY (APPROX.)	wark At Work	9/23 1		
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attential (I) (we) lost sow the deceased alignment.	wark At Work	9/2-3 1 25 19 6 J and the		
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at	wark At Work	9/2-3 1 25 19 6 J and the		nian death accurred an the do
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attentiat (I) (we) lost sow the deceased alignment.	wark At Work	9/2-3 1 25 19 6 J and the		
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at	work At Work ended the deceased from ve an	25 19 63 and the view the bady after death.	at in (my (aur) apli	nian death accurred an the da
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attentiat (I) (we) lost sow the deceased alimand hour and fram the causes stated at 23A. SIGNATURE	work At Work ended the deceased from ve an	25 19 67 and the view the bady after death.		nian death accurred an the da
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attentiat (I) (we) lost sow the deceased alimand hour and fram the causes stated at 23A. SIGNATURE	work At Work ended the deceased from ve an	25 19 63 and the view the bady after death.	at in (my (aur) apli	nian death accurred an the da
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at	work At Work ended the deceased from ve an	yiew the bady after death. 19	at in (my (aur) apli	nian death accurred an the do
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attethat (I) (we) lost sow the deceased aliand hour and fram the causes stated at 23A. SIGNATURE	work At Work ended the deceased from ve an	yiew the bady after death. 19	Stoff Phys.	nian death accurred an the do
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attentiat (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 124B. DATE	work At Work ended the deceased from ve an	view the bady after death. 19 6	Stoff D	23B. DATE SIGNED 9/25/65
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) EKOME PAUL RELA	work At Work ended the deceased from ye an ye an Noave. (1) (We) (did) (did nat) And M.D. An A	view the bady after death. 19 6	Stoff Phys. DCATION (Ci	23B. DATE SIGNED 9/25/65 BALTIMORO (State)
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attentiat (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 124B. DATE	work At Work ended the deceased from ye an ye an Noave. (1) (We) (did) (did nat) And M.D. An A	view the bady after death. 19 6	Stoff Phys. DCATION (Ci	23B. DATE SIGNED 9/25/65
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attentiat (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE	work At Work ended the deceased from ye an ye an Noave. (1) (We) (did) (did nat) And M.D. An A	yiew the bady after death. 19	Stoff D	23B. DATE SIGNED 9/25/65 BALTIMORE (State) Md.
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) atterthat (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) DURIAL CREMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME (125B. NAME)	work At Work anded the deceased from ye an	view the bady after death. 19 6	Stoff Phys. DCATION (Ci	23B. DATE SIGNED 9/25/65 BALTIMORO (State)
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attered that (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) DURIAL CREMATION, 24B. DATE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME (Type)	work At Work ended the deceased from ye an ye an Noave. (1) (We) (did) (did nat) And M.D. An A	yiew the bady after death. 19	Stoff Phys. DCATION (Ci	23B. DATE SIGNED 9/25/65 BALTIMORE (State) Md.
OF INJURY (APPROX.) 22. I certify that (I) (this hospital) atterded that (I) (we) lost sow the deceased aligned hour and hour and fram the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) PROVAL (Specify) 24B. DATE REC'D BY HEALTH DEPT. 25B. N.	work At Work anded the deceased from ye an	yiew the bady after death. 19	Stoff Phys. DCATION (Ci	23B. DATE SIGNED 9/25/65 BALTIMORO (State) Md.

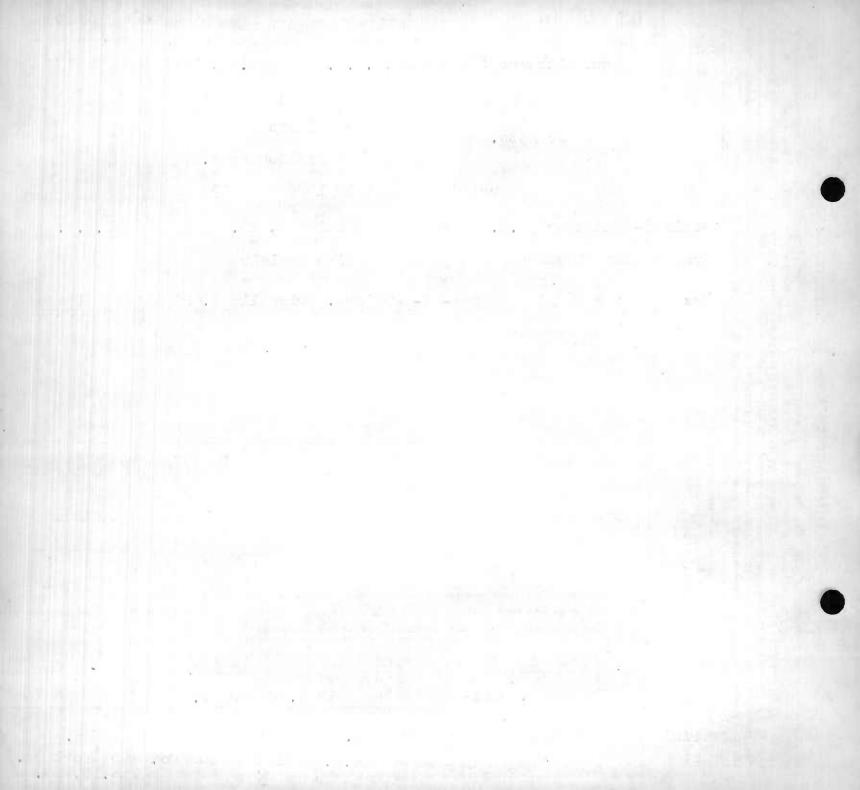


31-40-78	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 65 96	25
CRF	SIRTH NO. 65 9935 CERTIFICATE OF DEATH Registered No. 00 95	100
tal and f death eceased on the h. Such	1. NAME OF DECEASED Vive or Print) DOROTHY SCRIBER 2. DATE AND HOUR OF DEATH September 26, 1965; 11:	59 P.M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence the state of	
D E SOB	FULL NAME OF (If not in hospitot or institution, give street Maryland	
n a cau use, tenc	Baltimore City Hospitals 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give locotion)	
ting d cau	Baltimore, Maryland, #21224 1618 Harford Avenue, #21213	
	5, SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr.	If Under 24 Hrs.
occontregregation occording to the contregregation occurs	Female Negro Separated 11-23-1912 52 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTY WHEN COUNTY WHAT COUNTY WHAT COUNTY WHAT COUNTY WHAT COUNTY WHEN COUNTY WHAT COUNTY WHEN COUNTY WHA	
ath in det	done during most of working life, even if relired) WHAT COUN WHAT COUN U.S.	
if de ect o was was the	13. FATHER'S NAME	
	Orthur, Juler Mary Gray	
TAN istant he di kind; death ce on	15. Wos Deceosed Ever in U. S. Armed Forces? / 16. SOCIAL SECURITY NO. 17. INFORMANT / ADDRES	
RTA sssist the the dec	RECORDS: BCH, 4940 Eastern Ave	
IMPORTAN or his assistant Also, if the di of any kind; ounced death		ND DEATH
or his Also atte	LEADING TO DEATH (A) Diabetes Mellitus	
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
0 = = 5 > 5	injury or complication which coused death.) ANTECEDENT CAUSES (B) Heart Failure	
Xam Xam A fr Who	DUE TO	
(3) (3) In	rise to the above couse (A) stoting the (C) Pulmonary Edema UNDERLYING CONDITION last.	***************************************
· ip.i E is > u	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
RAI med med y buy physian y	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNER te chief in by a m 2) Body e the p	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	ERED
=======================================	27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact to home, form, foctory, street, office bldg., INJURY OCCUR?	cotion)
atus atus (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work	
the Ithe Ithe Ithe Ithe Ithe Ithe Ithe I	22. I certify that (I) (this haspital) attended the deceased fram September 21, 19 65 to September 26	, 19 65 ,
of of all (h);	that (I) (we) lost sow the deceosed alive on September 26, 1965 and that in (my) (our) opinion death occurr	red on the dote
sed to sed out to sed t	and hour and from the causes stated above. (1) (We) (did) (dld not) view the bady ofter death. 23A. SIGNATURE	
hos hos m	Harry Doon Helder M.D. Attending Med. Stoff Phys. & 9-26-19	65
s re accept a	23C. PHYSICIAN'S NAME (Type)	
was r An a A at prior	DR. HARRY DEAN ALBERT M.D. 4940 Eastern Ave., Balto., Md.	,#21224
P C C P E	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
This certifiche body shows: (1) was D.O. deceased	25A. DATE REC'D BY HEALTH' DEPT. 25B. NAME OF REGISTRAR 25GFUNERAL DIRECTOR ADDI	RESS
This the I show was dece	SEP 28 1965 R.D. & Farleyna Aarmen Sanders 2176	repton 54
	VE 250 DEV 2/2/15	



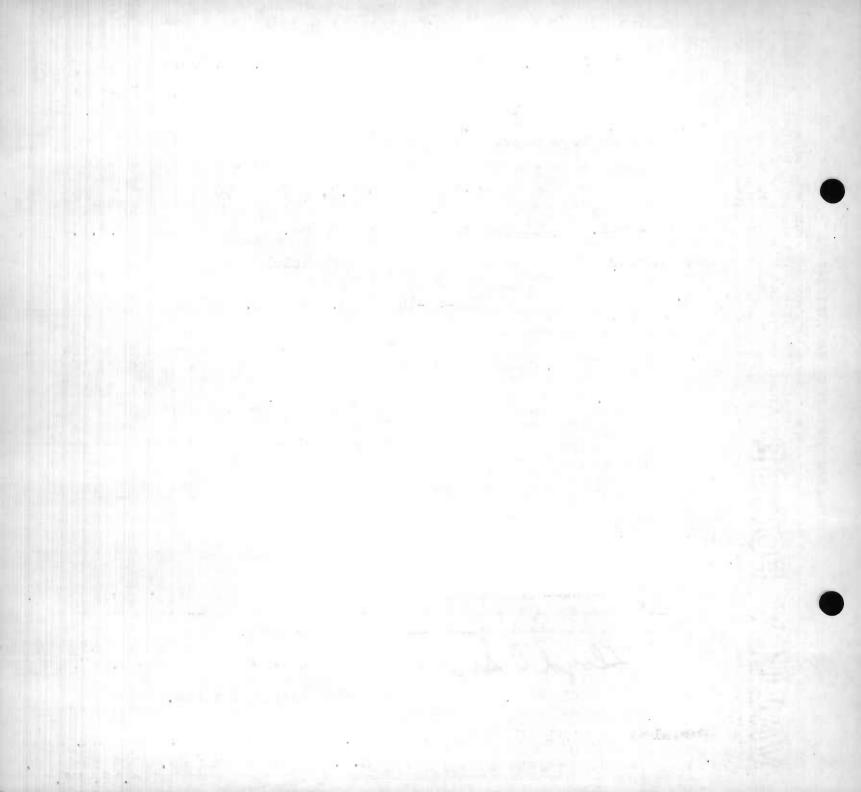
IMPORTANT

FUNERAL DIRECTOR:



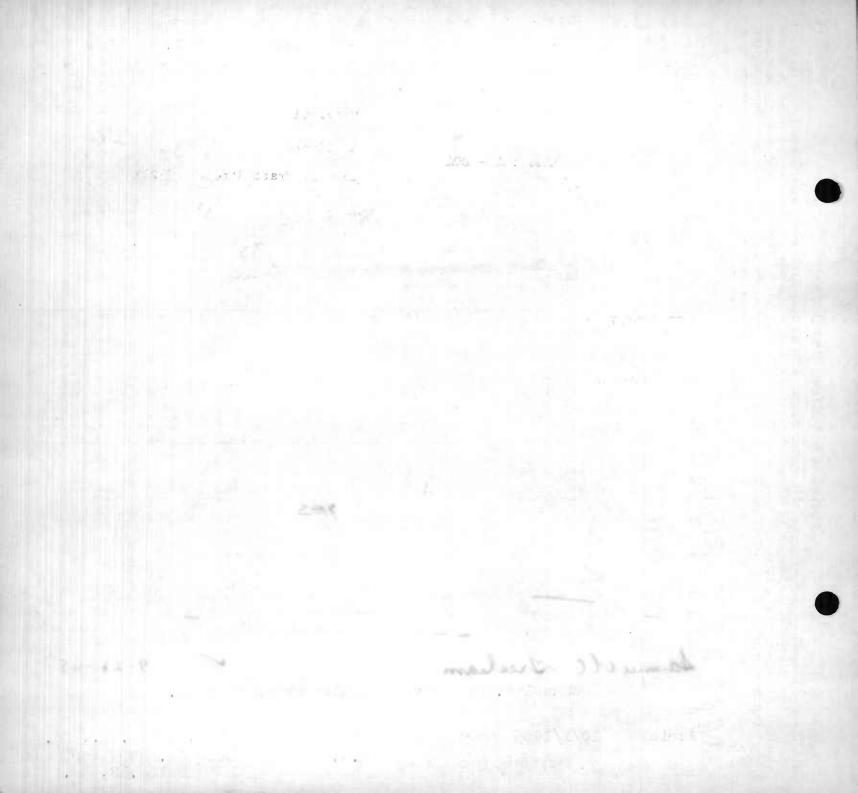
IMPORTAN

FUNERAL DIRECTOR:



IMPORTANI

DIRECTOR:



VS 151-REV, 1/1/65

REMOVAL (Specify)

Burial

Burial Sept 29 1965 Baltimore National Com.

24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Frederick Road

Ma ADDRESS

The Dippel Bros Inc 1800 E Lombard St

Se to A vol of MAN

Lalor Cont. La oco Promise Co Feringon, Vs.

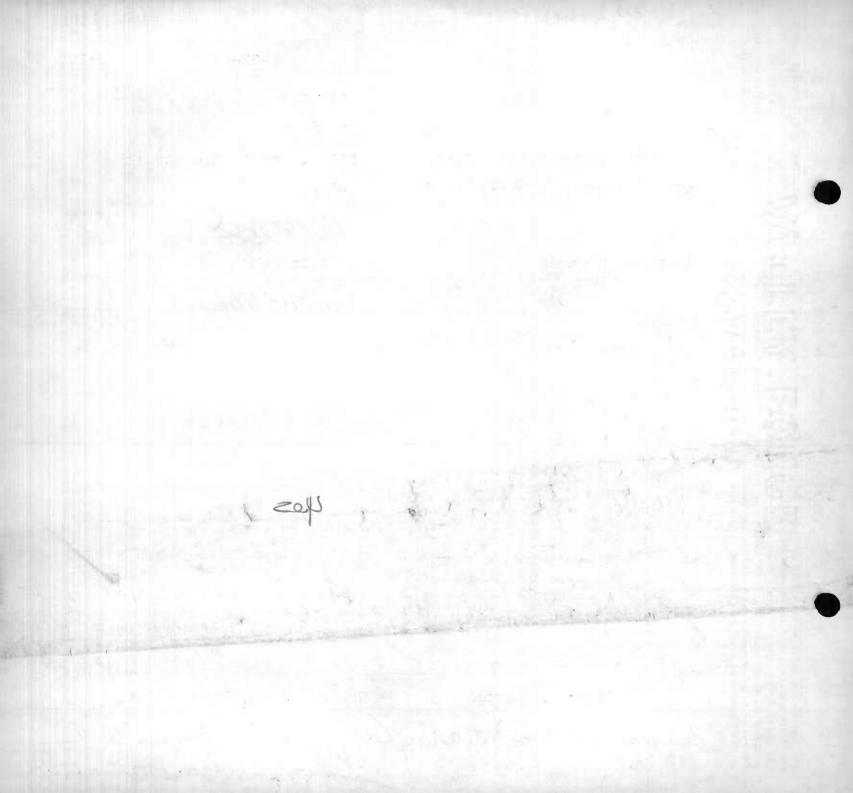
Horses Dancen

Joe to there is deed was the constraint of the c

Dordel Dept 29 1965 Beltimore Mattenel Orm. Frederick Road

5:30 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) C. CITY OR TOWN (If outside city limits, write RURAL and give township) N. Washington Street If Under 1 Yr. If Under 1 Poys Hours If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that In(my) (our) opinion death occurred on the date 23 B. DATE SIGNED The Johns Hopkins Hospital (City, town, or county) VS 150-REV. 1/1/65

S-4 / BALTIMORE CITY HEALTH DEPARTMENT

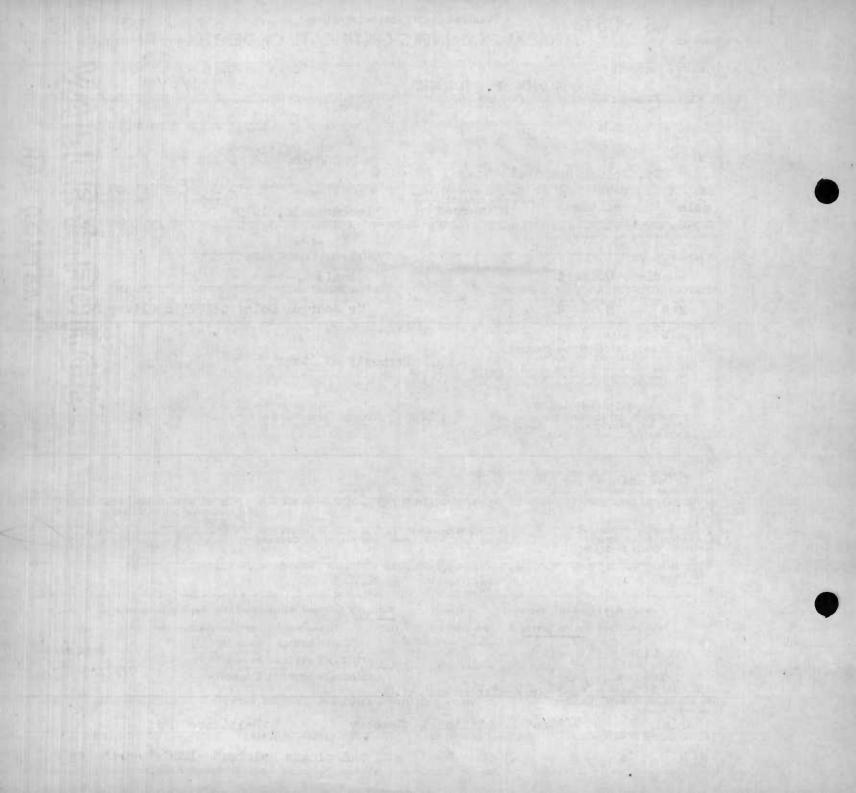


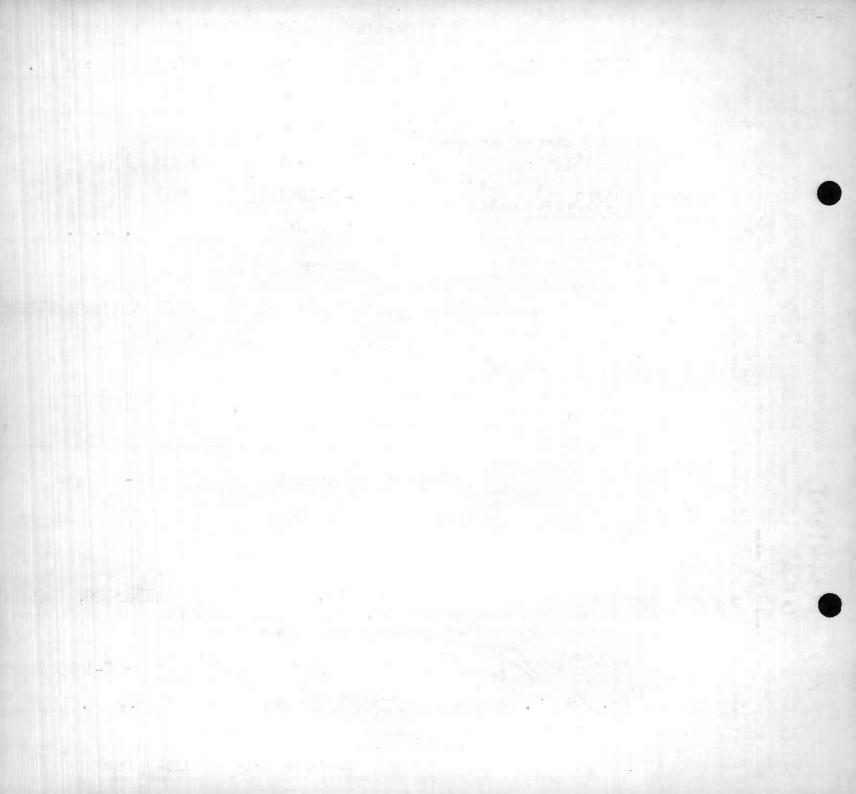
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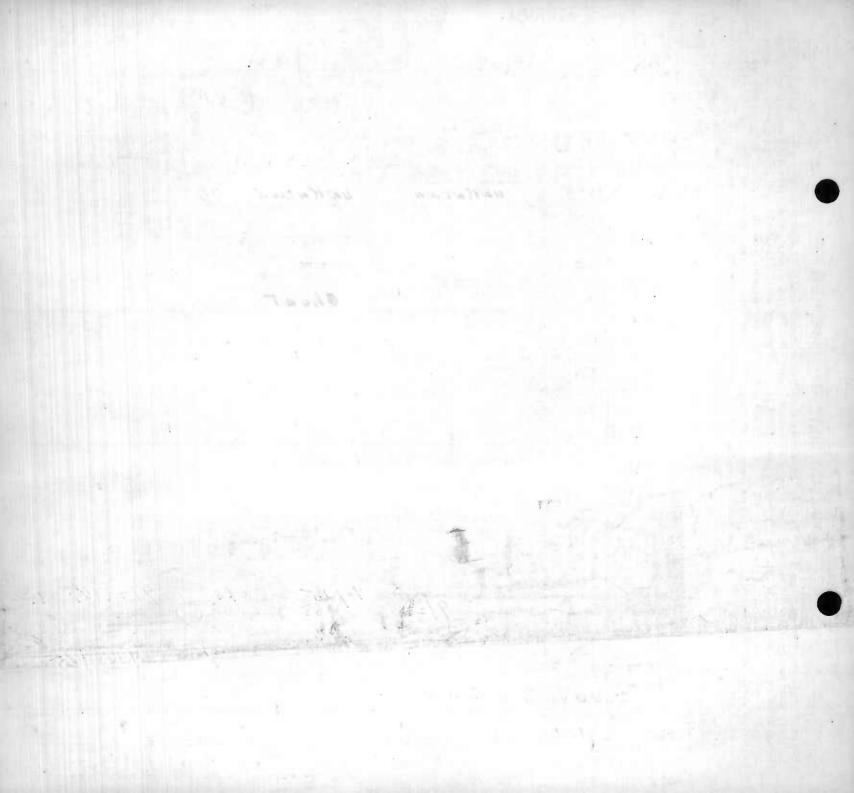
65 9943

BALTIMORE CITY HEALTH DEPARTMENT 65 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.-

M.E	CASE NO.	71120		, tivili tele o c		OI DEATHER S	
1, 1	AME OF DEC	EASED			2. [DATE AND HOUR PRONOUN	
СТУР	e or Print)	BENJA	MIN F.	COLBERT		9/26	8:30 a.m.
3. P	LACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD		E(Where deceased lived. If in B. co	stitution: residence before odmission)
HO	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	(If outside corporate limits, wr	rite RURAL and give township)
41			and the second	SA .		(If rurol, give locotion)	8-05
	St.	. Joseph Hosp	ital	4		72h E. Oliver	ot.
5. s m	ale .	6. RACE colored	WIDO WED, D	NEVER MARRIED DIVORCED (specify) FORCED	B. DATE OF BIRTH December 1	9. AGE (In year	
		JPATION (Give kind of working life, even if retired)	TOB, KIND OF	BUSINESS OR INDUSTR	Florida	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	Charle	7	ortalitare differen	CARLOWS WINDS WAS A STATE OF THE PARTY.	Annie	EN NAME	
15.		D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes	yes	Off yes, give wor or dote	s of service)	SECURITY NO.		Colbert 2724 H	
	18.	10.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	DISEASES OTHER SIGNOTHE DISEASE OTHER SIGNOTHE DISEASE OTHER OTHE	not meon the mode of osthenio, etc. It meons meptication which coused with the course of the course	The discose, deoth.) S NY, GIVING TATING THE CONTRIBUTING TO TI G IT.	(B)	osis of live		
	19A. DATE OF	OPERATION 198, CON WAS PER		VHICH OPERATION	yes	20B. IF YES, WERE IN CERTIFYING CA	
EDIC	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21B, home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C, WHE office bldg., INJURY O	RE DID (If in Boltimore City, CCUR?	give exact location)
	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		HILE AT NOT AT W	WHILE	DID INJURY OCCUR?	
	22. I cert	tify that I held an I	nquiry 🗌		tapsy K and th	at an this basis, death In	my apinian
	resul	ted fram: Natural ca	uses X A	coldent Sulcid			ner
	ACTUAL	URE ///	rute	is wy M.D	ASSISTANT MEDI	CAL EXAMINER X	DATE SIGNED 9/27/65
	EXAMIN	Type) Rudige		enecker M.D.		ICAL EXAMINER .	7/21/05
REA	BURIAL CRE	MATION, 23B DATE	230	. NAME of CEMETERY	CREMATORY	23D. LOCATION (Ci	ty, town, or county) (Stote)
	Burial	9/30/	65 I	Vational Cem	etry	Baltimore M	(d
24A	. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL I	DIRECTOR	ADDRESS
_	- 10 C	1965 Roberto	E. Fall	le M.	Adolphus	Halstead 1206	North Ave
VS	151-REV. 1/1/	65					

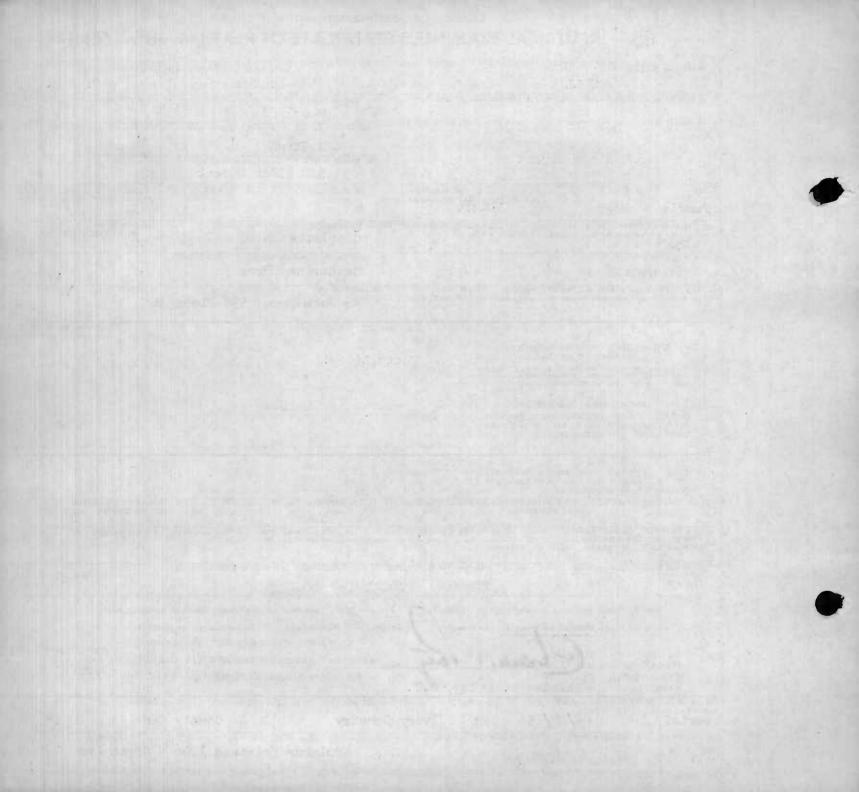






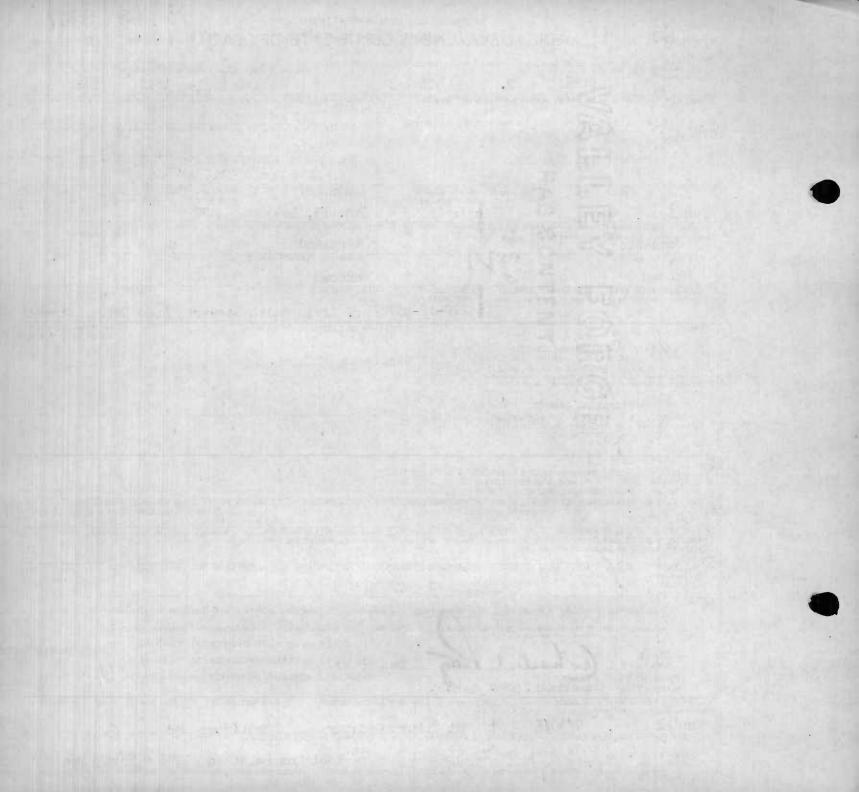
OO AGDICAL	EVALAINIEDIC	CEDTIFICATE	OF	DEATUR OF	0040
33 WEDICAL	EXAMINEK 2	CEKTIFICATE	Or	DEATH Registered No	3346

BIRTH NO. 65 994MED	ICAL EXAMINER'S	CERTIFICAT	TE OF DEATH Registe	9945
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)	2447	HADDIG	2. DATE AND HOUR PRONOUNCE	
WILLIE 3. PLACE IN BALTIMORE, MARYLAND, W		I A STATE	September 22, 19 ENCE (Where deceased lived. If instruction is controlled to the con	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCA INSTITUTION	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOV	WN (If outside corporate limits, write ltimore	e RURAL and give township)
530 Bloom Str	eet	D. STREET ADD	RESS (If rurol, give lacation) O Bloom Street	
5. SEX 6. RACE Female Negro	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRT	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Charlot		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME	
Unknown		Catheri	ine Drew	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, na arunknawn) (Ilf yes, give war ar date		17. INFORMANT Mr John	n Drew 530 Bloom S	ADDRESS
OISEASE OR CONDITION DI LEADING TO DEATH (This does not meon the mode of heart foilure, asthenia, etc. It means injury or camplication which coused ANTECENDENT CAUS DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST.	d (A) Fat (A) Fat (B) COLOR TO (B) COLOR TO (B) COLOR TATING THE	tty Liver.		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	CONTRIBUTING			
TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	ELATED TO THE G IT.	Look AllTobox	A NO DE LE VER LUCRE E	
19A. DATE OF OPERATION 19B. CON	RFORMED	Ye		ISES OF DEATH? Yes
✓ 21 A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (home, form, factory, streetc.)		WHERE DID (If in Baltimare City, g Y OCCUR?	ive exact locotian)
21 D TIME (Month) (Day) (Year OF INJURY (APPROX.)	WHILE AT N	RED 21 F. H	OW DID INJURY OCCUR?	
I certify that I held on resulted fram: Natural co		Autopsy X on	d that on this basis, death in	
ACTUAL SIGNATURE EXAMINER'S	houses lang	CHIEF M	EDICAL EXAMINER EDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER	DATE SIGNED 9/23/65
23A, BURIAL CREMATION, 23B, DATE	Les S. Petty, M.D.			y, tawn, or caunty) (Stote)
Burial 9/27/		Cemetry	A A County	
SEP 28 1965 Robert	24B. NAME OF REGISTRAR		hus Halstead 1206	W North Ave
VS 151-REV. 1/1/65		10 60	b w 6. w	

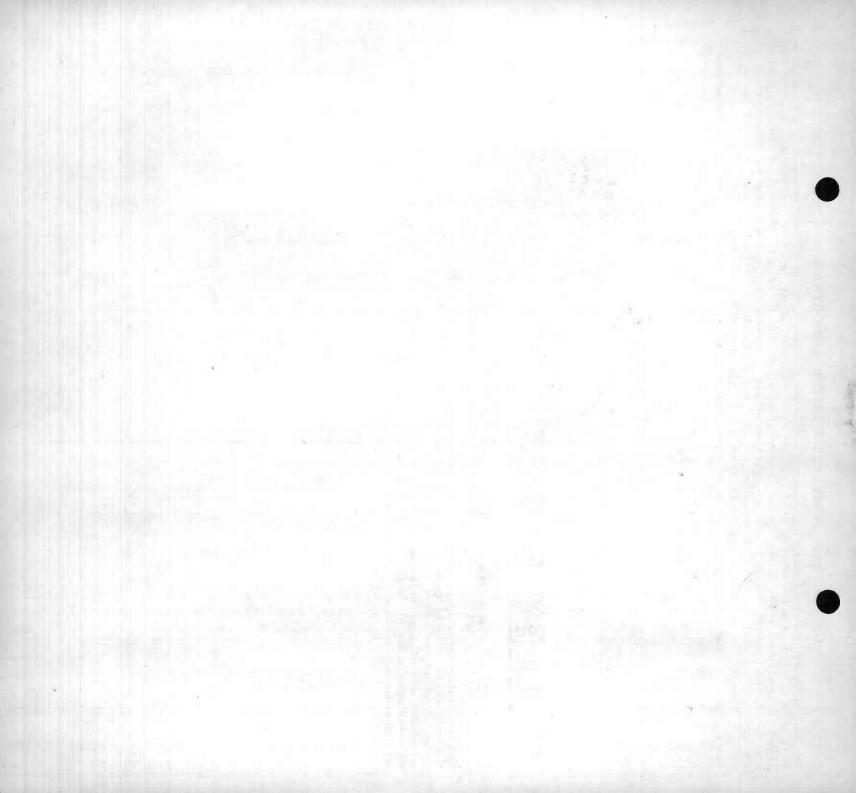


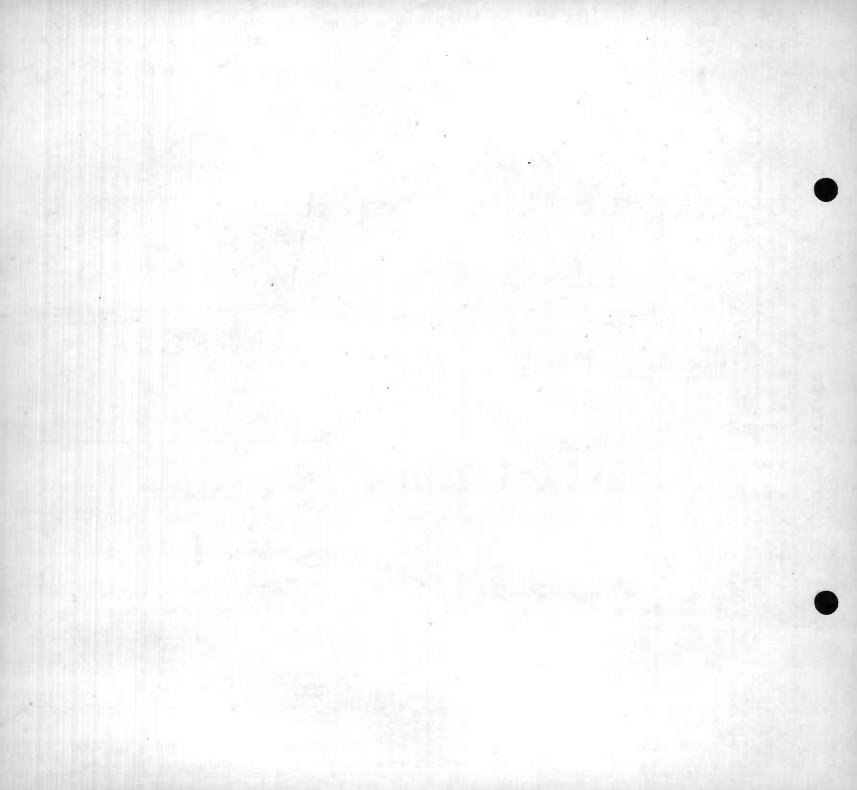
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0	-3	6	-

	CASE NO.	ME	DICAL EX	CAMINER'S CI	ERTIFICA	ATE OF D	EAIH Registe	red No	
1. N (Typ	AME OF DEC	EASED BESSI	Е В.	STEWART			mber 24, 19		12:01 P
FUL	L NAME OF PITAL OR ITUTION	(IF NOT IN HOS ADDRESS OR LO	SPITAL OR INSTITU	JNCED DEAD	C. CITY OR T	Caryland COWN (II outside Caltimore CORESS (If rural,	carparate limits, write	RURAL on	d give township)
5. SI	emale	6. RACE Negro	WIDO WED,	NEVER MARRIED DIVORCED(specily) ngle	8. DATE OF BI		9. AGE (In years lost birthday) 72	If Under Months	1 Yr. If Under 24 Hrs Days Hours Min.
done	Domest of v	PATION (Give kind of rating life, even if retire IC	wark 108. KIND OI	BUSINESS OR INDUSTRY	Maryla Maryla	E (State or foreign		12. CITIZE WHA	N OF T COUNTRY?
	ATHER'S NAM	E				MAIDEN NAME			
	Unknown	DEVER IN U.S. ARA	AED FORCES?	16. SOCIAL	Unknown		Marin Marin	ADDRESS	
		(If yes, give war or		SECURITY NO. 220-18-4572		vin Smith	Stewart 4		tona Street
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)									
CERT	PA. DATE OF	OPERATION 198. C	CONDITION FOR PERFORMED	WHICH OPERATION	20A. AUTO	1	OB. IF YES, WERE FIN N CERTIFYING CAUS	DINGS CES OF DE	ON SIDERED ATH?
O	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., , lorm, factory, street, c	in or obout 21 C	WHERE DID	f in Boltimare City, gi	ve exoct lo	cation)
	21D TIME OF INJURY (APPROX.)	(Month) (Day) (VHILE AT NOT NORK AT W	WHILE ORK	HOW DID INJUI	RY OCCUR?		
	ACTUAL SIGNATI EXAMIN	JRE		Suicident Suicide	CHIEF		AMINER X		DATE SIGNED 9/24/65
REA	NAME (BURIAL CREA OVAL (Specify urial DATE REC'D	AATION, 238. DATE	23 0/65 Mt	C. NAME of CEMETERY of	Semetr v		timore Md	tawn, or c	ounty) (State) DDRESS
	SEP 2		F. 3. 2 w.	a leve MA	Ado	lphus Hal	stea d 1206	W Non	rth Ave
VS	151-REV. 1/1/	55	1 53	6	()				



65-02-2265 QQA	BALTIMORE CIT	TY HEALTH DEPARTMENT		65 9948		
икти No. 65 2350365 994	CERTIFICA	ATE OF DEATH	Registered No			
N.E. CASE NO.		DATE AND	D HOUR OF DEAT	u		
Tune or Print)			15-165			
BABY BOY RO	GERS			1:45 P.		
. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	A. STATE B. COUNT	r deceased lived. If	institution: residence before admiss		
FALLS MANAGE OF MELTINGS AND				15-14		
FULL NAME OF (If not in hospital or ins	stitution, give street	C. CITY OR TOWN (If outs	tul. Italia. Italia.	RURAL and give township)		
INSTITUTION						
LUTHERAN HOSPIT	AL OF	2603 Fores	t Park	K Ayenue		
MARYLAND	AARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	Baltimore	2 Marc	iland		
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi		
M	VIDOWED, DIVORCED (specify)		ost birthdoy)			
OA, USUAL OCCUPATION (Give kind of work 108,		9/15 /6 5	an country)	12. CITIZEN OF		
lone during most of working life, even if retired)	KIND OF BOSINESS OK INDOST	THE BIRTHER CE (SIGNE OF TOTAL)	in cooniny,	WHAT COUNTRY?		
		BAITIMARE M	ADVIAND	USA		
3. FATHER'S NAME		BALTIMORE M	AE			
		^				
Sylvaster FleTC	HEIR	DELORES	ROGER	5		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
Yes, no or unknown) (If yes, give wor or dates of	service) SECURITY NO.	44		4003 tonest		
		MOTHE	10	PARK AVENUE		
18. 776 x I	CAUSE	OF DEATH	STORY OF STREET	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTL	LY			ONSET AND DEATH		
LEADING TO DEATH	(4)	PREMATUR	174			
(This does not mean the mode of dyin			horoloonghuusaaaaaaaaaaaa			
heart failuse, asthenia, etc. II means the						
injury or camplication which coused deat	n.,/					
ANTECEDENT CAUSES	DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************			
	DISEASES OR CONDITIONS, if any, giving					
rise to the obove couse (A) stati						
UNDERLYING CONDITION last.						
O OTHER SIGNIFICANT CONDITIONS CONT						
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IO THE					
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WER	E FINDINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	NED		IN CERTIFYING C	AUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIRY (e.g.	in or about 21 C. WHERE DID	(If in Baltim	ore City, give exoct location)		
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	the fill bolling	one only, give exact toconomy		
U .	etc.)					
O 21 D. TIME (Month) (Doy) (Year) (Ha	out 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
OF INJURY	While At Not WI					
(APPROX)	Work L At Wor	k 🗀				
22. I certify that (I) (this hospital) att	ended the deceased fram	9/15-165 5:50AMI	9 to 9	1 15/65 1145 P		
	9/11-	10 64				
that (I) (we) last sow the deceosed all	IVE On	and the	Tin(my) (our) a	pinion death accurred an the		
and haur and fram the causes stated a	bave. (1) (We) (did) (did nat)	view the bady after death.				
23A. SIGN ATURE				23B DATE SIGNED		
-10 n	M.D. A	ttending Med.	Stofl C	0/1-/1-		
Blevana	P		Phys.	4/13/65		
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS				
	M.C	1 14 THE DA 41	11000 -	AL OT MAN.		
24A. SURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY DE C	LUITCKAN	14.03 F.LC	CHARYEN		
PEACOVAL (Specify)	240. ITAME OF CEMETERS SEC	OMAN DUAN POUR	CATION	City, Idwin, or county) (Stot		
SEP 28	1965	THO DEVENTO	n'	0.112.0.0.1		
	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	DICAL S	CHOOL ADDRESS		
SEP 28 1965 (O. A. E	, Farber M.A.	MODTHADW	CERRIE	D 0		
DEI DO 1000 (When C	, 100000	MUNIUAKY	SERVIC	E ROHD		
'S 150-REV. 1/1/65	12 / hay 1 1 1	0 8 5 7 6				

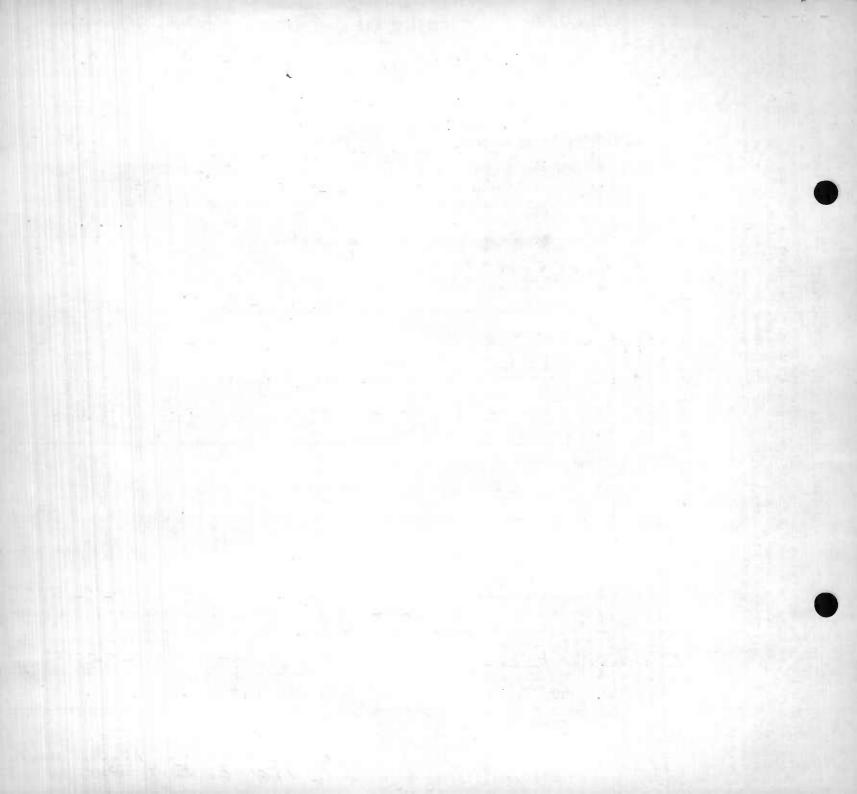




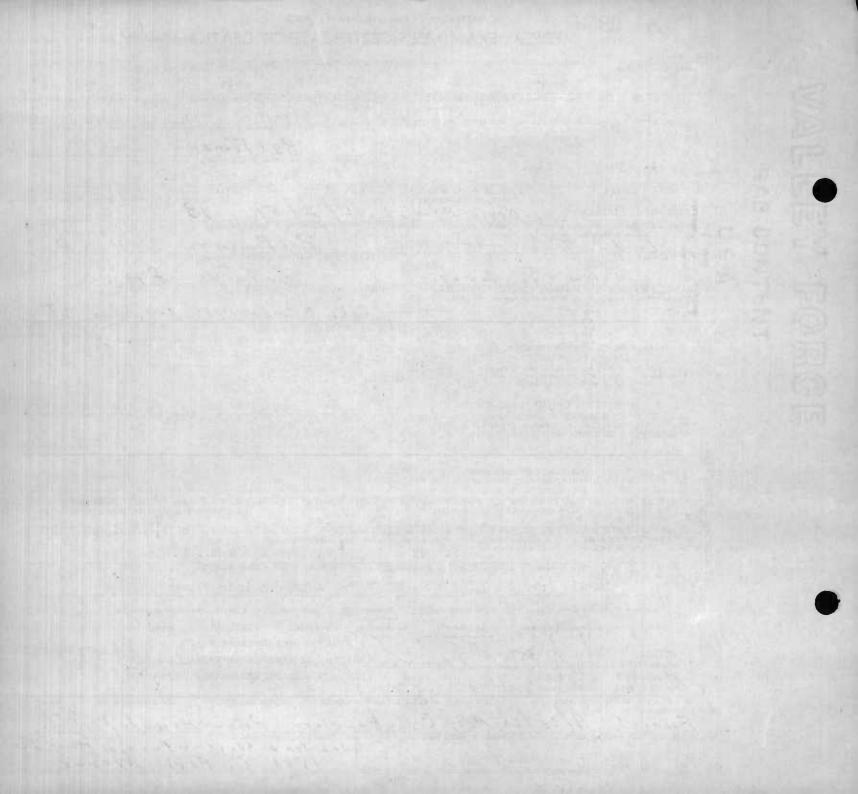
Maria Anna Francisco de La Santa de La Companya de Marie Las Directly Swell Hally Harfound General Hospital GOT Yarmouth Ad. w widowed 6.12.99 64 Dew Yerk L we known - Lloyd - Catherine Hax well 71.5-172]-860} hall by ply soull 9. 2000

CITY HEALTH DEPARTMENT

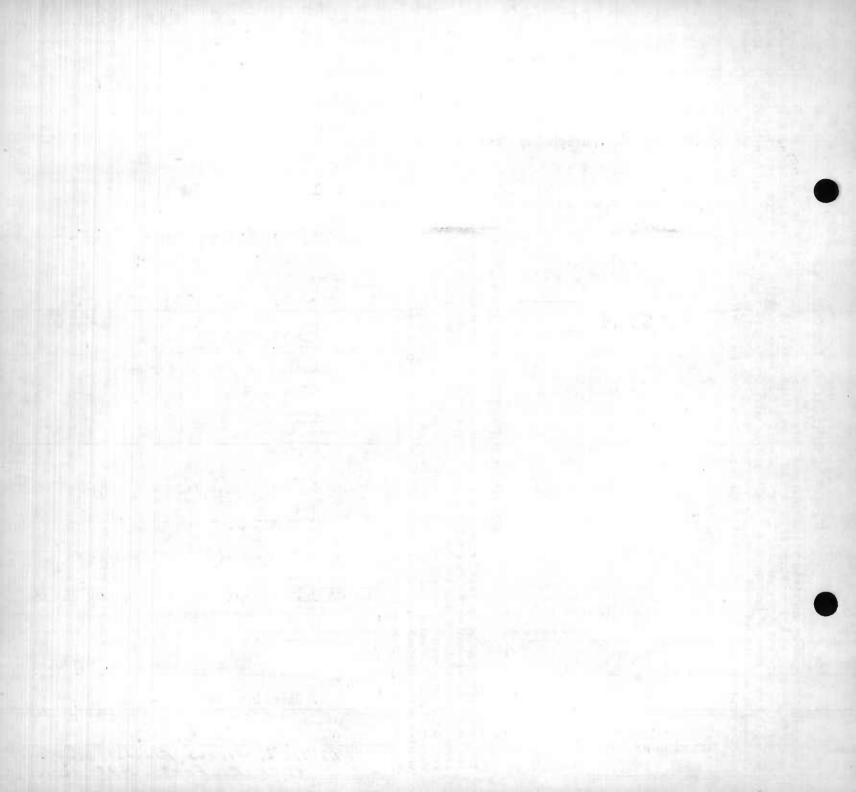
Corrected by letter from U. S. Marine Hosp. C. Bowens 10-28-65



BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered Rep. 935
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) DEBORAH LEAR	2. DATE AND HOUR PRONOUNCED DEAD
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	September 24, 1965 8:35 P M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY
	Maryland B. COUNTY
FULL NAME OF (IF NOT (N HOSPITAL OR (NSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)
/	B2/Timos-4 240
St. Agnes Hospital	D. STREET ADDRESS (II rural, give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1415 Reynolds St. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, (f Under 24 Hrs.
female white WIDOWED, DIVORCED(specily)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. (f Under 24 Hrs. Months, Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF
done during most at working life, even if relired)	Bal Timer + WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John J. Lear	BeTTY Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	John J. Lear 1415 Requelds ST.
18. E 8 3 44 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
I Times does not meen me mode of dying e.g., Dile to	xia
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	shing injury of larynx
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Z O III	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
ZIA. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, company of the c	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
CAUSE OF DEATH. Street	River Rd. 3/4 mi. E. of Ranger Station
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 9-24-65 7:40 P m. WHILE AT NOT AT W	WHILE X Auto ran into ditch
22.	tapsy and that an this basis, death in my apinion
resulted fram: Natora causes Accident XX Suicid	
1)11	CHIEF MEDICAL EXAMINER
SIGNATURE A DELLA TIL	ASSISTANT MEDICAL EXAMINER Sept. 25, 1965
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION, [23B. DATE 23C. NAME of CEMETERY of C	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
24A, DATE REC'D BY HEALTH DEPT. 124B, NAME OF REGISTRAR	Centery Hune Pricade) I'd,
CED OF REGISTRAN	Charles L. STevens Funeral Home, Inc
SEP 28 1965 P. P. F. E. F. D. U.S.	1501 E, FORT AVENUE
VS 151-REV. 1/1/65 N99/1X9 6 5 0 0	0 0 5 3 1



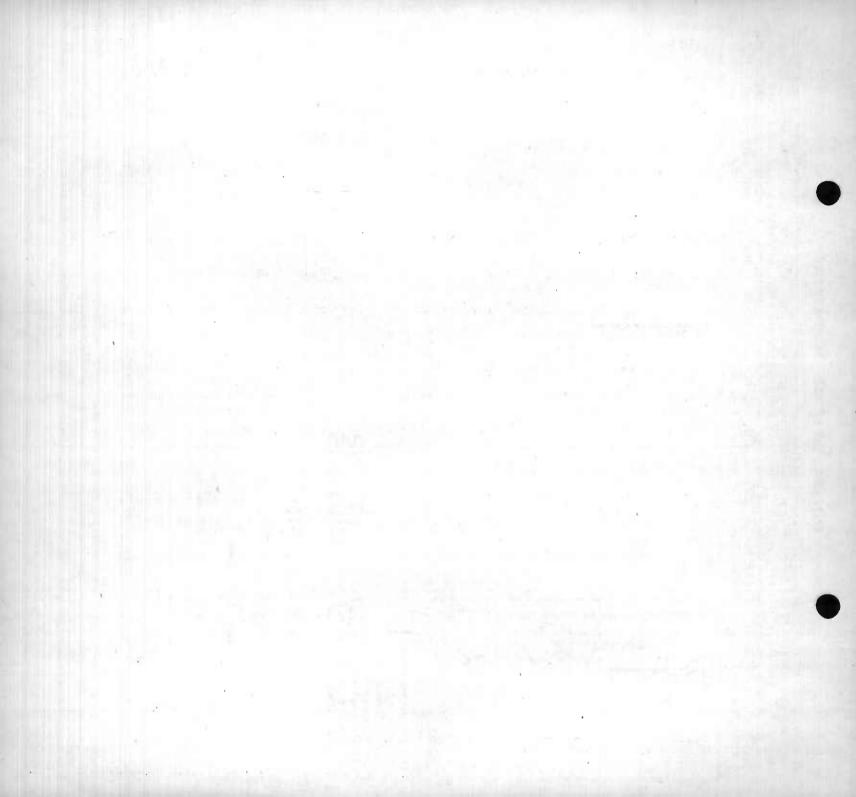
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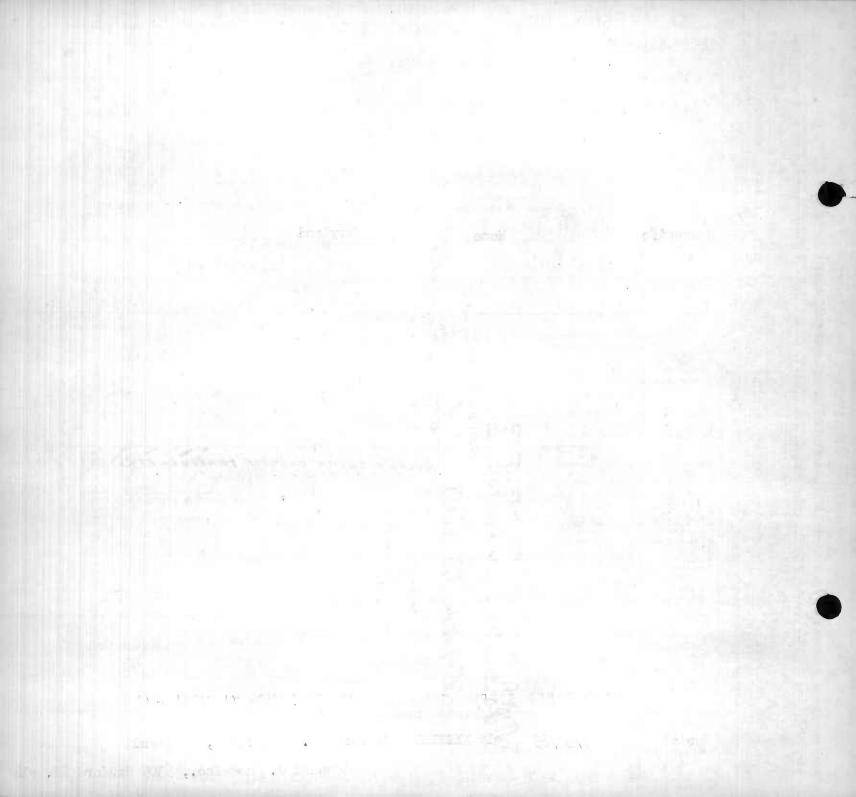
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t	P	-	0	0	-	J
This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death,	shows: (1) An occident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased	was D.O.A. at a hospitol (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician wos in regular attendance on the deceased prior to death. Such	written approval must be obtoined before the remains are embalmed or finol disposition is made.	J
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FUNERAL DIRECTOR: IMPORTANT

			BALTIMORE CITY	HEALTH DEPARTMENT		CF 00==
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered N	.00 9955
M.E. CASE NO.	CEASED 65 QC	275	OEKTII TO		AND HOUR OF DEAT	70
Type or Print)	John d	LU	J.			
3. PLACE OF D	EATH IN BALTIMORE, MA		irdy	14. USUAL RESIDENCE (V	Vhere deceased lived. I	. 1965 Finsfitution; residence before admissi
				A. STATE B. CO	UNTY	D . D
FULL NAME	OF (If not in hospital oddress or location	or institutio	on, give street	Md.		
INSTITUTION	0001633 01 10001101	17		A 1 .		le RURAL and give township)
2808	Rosalie Ave			Baltimore D. STREET ADDRESS	(If rurol, give location)	
2000	nosaue no	2.		[]		
	6. RACE	T- 44 a 984	ED, NEVER MARRIED	2808 Rosa		
S. SEX	1	WIDO	WED, DIVORCED (specify)	7-25-1899	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
male	white		lowed	1 2 11	00	
	CUPATION (Give kind of work of working life, even if retired)	IIUB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	roreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. (lerk	BE	OR.R.	Maryland		USA
3. FATHER'S N	ME			14. MOTHER'S MAIDEN	NAME	0,0
John	W. Hardy			(-4/	S-1.11	
5. Was Decease	ed Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	e Schulte	ADDRESS
	vn) (If yes, give wor or dote		e) SECURITY NO.		C 1 . 1.	
			705053710	Mrs Doris	Schmidt	same
18.45	/X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIR	ECTLY	(D)	1		
	LEADING TO DEATH		(A)	upturel abor	min lantis	- angunn
	not mean the mode of a sthenio, etc. It means			0		
	omplication which coused		0 (
	ANTECEDENT CAUSES		(B) Cect	exco Sustice C	: V. V	
DISFASES	OR CONDITIONS, if	ony givi	DUE TO			
rise lo l	he obove couse (A)		. *			
UNDERLYIN	NG CONDITION Iosi.					
	ll l					
	NIFICANT CONDITIONS C DEATH BUT NOT RELA					
DISEASE O	R CONDITION CAUSING I	τ.				
19A. DATE C	OF OPERATION 198. CON WAS PERF		OR WHICH OPERATION	1 1	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE O				No		
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR	(If in Boltin	nore City, give exact location)
DEATH (noti	fy medical examiner)		etc.)			
21D. TIME	(Month) (Doy) (Year)	(Hour)	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			While At Not While	e 🗍		
			Work At Work			
22. I certif	y that (1) (this hospital) attende	d the deceased fram		1857 to Se	7+ 1 1965
that (I) (we	f) last saw the decease	d alive a	n 4-24	19 65 and	that in (my) (our) o	pinlan death accurred an the
and haur a	nd fram the causes stat	ed abave	. (I) (We) (did) (did nor) v	riew the bady after deat	th.	
23A. SIGNAT						23 B DATE SIGNED
111		1	M.D. Atte	ending Med.	Stoff	SEP 28 1900
23C. PHYSIC	mmy 7602	e on			Phy s.	
NAME		-		23D. ADDRESS		
J-Ho	noy Haresp	m.)) M.D.	2926 5. Cal	-Spr. no Lo	ne
AA. BURIAL CE	REMATION, 248. DATE	240	NAME of CEMETERY of CR	EMATORY 24D	LOCATION)	(City, town, or county) (State
burial	9-20-6	55 N	Poreland Mem.	Park	Baltimore	Md
25A. DATE REC'	D BY HEALTH DEPT.	1	LE OF REGISTRAR	25C, FUNERAL DIRECT		ADDRESS
SFP 9	28 1965 (7.02.	9.0.	Faller MA	1 1 1		Baltimore, Md
AFI 7	96000	1	E C TILLY	Legnard y	. Ruck Ynd	: Dannone, Ma
/S 150-REV. 1/1	/65		* · ·	0 0 0 0		



VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

THE PARTY AND THE Charlet Home of Hospital 1.22-11 Hampland 11. Employed Boile Patente Frederick Hundertmank Hana Brockert solver solver hiber Brown to meine Marketon 1 - The PHP, and The more

In Personal State of W 7.104,5 .134 tertiled to the state of

FUNERAL DIRECTOR: IMPORTANT

BIRTH	NO.	2443/ 65	9939	CERTIFICA	TE OF D	EATH Registered	No. 00 3333 4
I. NA	CASE NO. ME OF DECI or Print)					2. DATE AND HOUR OF D	
		DIETZ,		30 Y		9-25-6	
FUI	LL NAME O	F (If not in hospital oddress or location	or institution, s	give street	A. STATE MARYL	AND	d. If institution: residence before admissi
5	STITUTION	ST. AGNES BALTIMORE				BURNIE DRESS (If rurol, give locotic	5200
					1013	SHARON DRIVE	
	LE	6. RACE WHITE PATION (Give kind of world	SING	NEVER MARRIED , DIVORCED (specify) LE BUSINESS OR INDUSTRY	9-23-65	lost birthdoy)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
done d		vorking life, even if retired)		A. L. Laster	MARY	LAND MAIDEN NAME	U.S.
		C. DIETZ				A O DELL	
5. We	as Deceased	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMAN		ADDRESS
NO NO		(If yes, give wor or dote	s of service)	SECURITY NO.	ST. AGN	NES HOSPITAL	RECORDS BALTO.29,
18	770	3.01		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIF LEADING TO DEATH	RECTLY	Roll B	viatorio 1	Dustress Syndrome	e 48 hours
		ot meon the mode of asthenia, etc. It means		DUE TO			
		plication which coused					
	-	INTECEDENT CAUSES		(B)		040408888990000000000000000000000000000	**************************************
ti	se lo lhe	R CONDITIONS, if obove cause (A) CONDITION lost.		(C)			
2 1	O THE DI	II FICANT CONDITIONS C EATH BUT NOT RELACED TO THE CONDITION CAUSING I	TED TO THE				
TIFIC 19	A. DATE OF		DITION FOR V	VHICH OPERATION	20A. AUTOP	SY? (Yes or No.) 20B. IF YES, N	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
21	R CONTRIBU	TING CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, o	n or obout 21 C. V ffice bldg., INJUR	VHERE DID (If in Bo	foltimore City, give exact location)
VEDI 0	TD. TIME FINJURY APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED le At Not While At Work	le 🗀	OW DID INJURY OCCUR?	
22	2. I certify	that (1) (this hospital) attended th	ne deceased fram	9-23-	19 65to	9-25 19 6
11	nat (IX(we)	last saw the decease	d alive an	9-25	19 65	and that in (X) (au	or) aplinian death accurred an the c
			ed abave. ((We) (did) ()(4)((h))	view the bady	after death.	
23	A. SIGNATU	1. 1 + 1/1	6				238. DATE SIGNED
	12 10	J	Gernandez	M.D. Att.	s	Med. Stoll Phys. Stoll	25 September 186.
23	NAME (T)	pe)	FRUANF	262 M.D.	23D. ADDRESS	mes Tospital Bre	ipmere Ms.
	BURIAL CREA		24C. NA	ME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, or county) (State
	Burial	9/27		len Haven M		Glen Bur	nie, Md.
25A. I	EP 28	1965 Poler		REGISTRAR		AL DIRECTOR	ADDRESS 410 Burn
/\$ 15	0-REV. 1/1/6	5			2	'm' / 4	

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IMPORTANT

FUNERAL DIRECTOR:

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		CE	COCT	BALTIMOKE CIT	T HEALTH DEPA	KIMENI	1		
	NO.	00	1001	CERTIFICA	ATE OF D	EATH	Registered Na	65 990	51
1, NA	ME OF DEC	EASED				2. DATE AN	D HOUR OF DEATH	4	
				GARLAND, MIT		9-26			7:10A
3. PL	ACE OF DEA	TH IN BALTIMO	DRE, MARYLAND		A. STATE	B. COUN		institution: residence	before admission
H	JLL NAME O	F (If not in l	hospitol or institut r locotion)	ion, give street	MARYLA c. City OR TO		side city limits, write	RERAL and give toy	wnship)
1		T. AGNE	S HOSPIT	TAL	BALTIM			337	20
4)				D. STREET ADD		rurol, give locotion)		
					2914 C	HARLES	STON AVE.		
5. SE	X	6. RACE	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years lost birthdoy)		If Under 24 Hrs Hours Min.
	ALE	WHITE	MAF	RRIED	6-15-0	0	65		
	during most of	working life, even if	retired)	D OF BUSINESS OR INDUSTR			gn country)	12. CITIZEN OF WHAT COU	NTRY?
		UCK DRI	VER		VIRGI	NIA		U.S.A.	
13. F.	ATHER'S NAM	AE			14. MOTHER'S				
	EDGAR				CORNEL	IA FIS	SHER		
5. W Yes,	os Deceosed	Ever in U. S. Ar	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	130		WILKENSORE	VF 2121
NO				218-05-4173	ST. AGNE	S HOSE	PITAL REC	WILKENS A ORDS-CATO	NE
1	8. 15	9.91		CAUSE	OF DEATH			INTERVA	L BETWEEN
	DISEAS	E OR CONDITI		/-			4 . 1.	ONSET A	ND DEATH
		LEADING TO		(A) S	evere w	ralice	tritone		
			node of dying, means the dise	e.g., DUE TO					
	injury ar cam	plication which	coused deoth.)	An	louses	-cre	mes of	1 Q	
		ANTECEDENT C	AUSES	DUE TO				***************************************	100000000000000000000000000000000000000
			IS, if any, gi	ving 222	all in	Tentin.	nes of		
		CONDITION I	e (A) stoting	The Common to th				-317V	red&&&&&&
		- 11							
		FICANT CONDIT	TIONS CONTRIBU						
4	DISEASE OR	CONDITION CAL	U SING IT.						
ERTIFIC	9A-DATE OF		AS PERFORMED	OR WHICH OPERATION	YE:			FINDINGS CONSID AUSES OF DEATH?	ERED
0 2	OR CONTRIBI	T WAS UNDER	LYING [21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. W	HERE DID	(If in Boltimo	ore City, give exact lo	cotion)
AL.	DEATH fnotify	medical examine	14)	etc.)	omee blogs, IIIIORI	OCCOR:			
2	ID. TIME	(Month) (Doy)	(Year) (Hour)	21E INJURY OCCURRED	21 F. HC	OW DID INJ	URY OCCUR?		
~	APPROX.			While At Not Wh					
	0 1	.1 . /12 /.12 1		Work Al Wor		0	- 6F	0.26	65
				ed the deceased from	9-2		9 65 to	9-26-	19 65
1	hat (I) (we)	last saw the d	eceased alive	on 9-26	19 05	and the	at in (my) (<u>aur)</u> ag	oinian death accur	red on the do
C	and hour and	from the caus	es stated abov	e. (1) (We) (did) (did nat)	view the bady a	fter death.			
2	3A. SIGNATU	RE 1 T D	sa /.					23B. DATE SIGNE)
	-		il hac		tending N	Aed. Director	Stoff Phys.		
2	3C. PHYSICIA	N'S	416		23D. ADDRESS				
		SIRA	416	M.D. M.D					
24A.	BURIAL CRE	MATION, 24B. D	ATE 24	C. NAME of CEMETERY of C	REMATORY	24D. Li	OCATION (6	City, town, or county)	(Stote)
	REMOVAL IS		20 /65	Meadowridge Men	orial Day		Filledda	Masses 11.3	
25A.	Buria DATE REC'D	BY HEALTH DEP		Meadowridge Met		L DIRECTOR		e, Maryalld	
	SEP 2		D. A. E.	fluid on					
VS 1	50-REV. 1/1/6		Scholl C1	METANOGO, MA	nunba	ra rune	ralHome 410	07 Wilkens	Ave. 21
v 3 1 1	DU-KEY, 1/1/6	00			And the same	on the			

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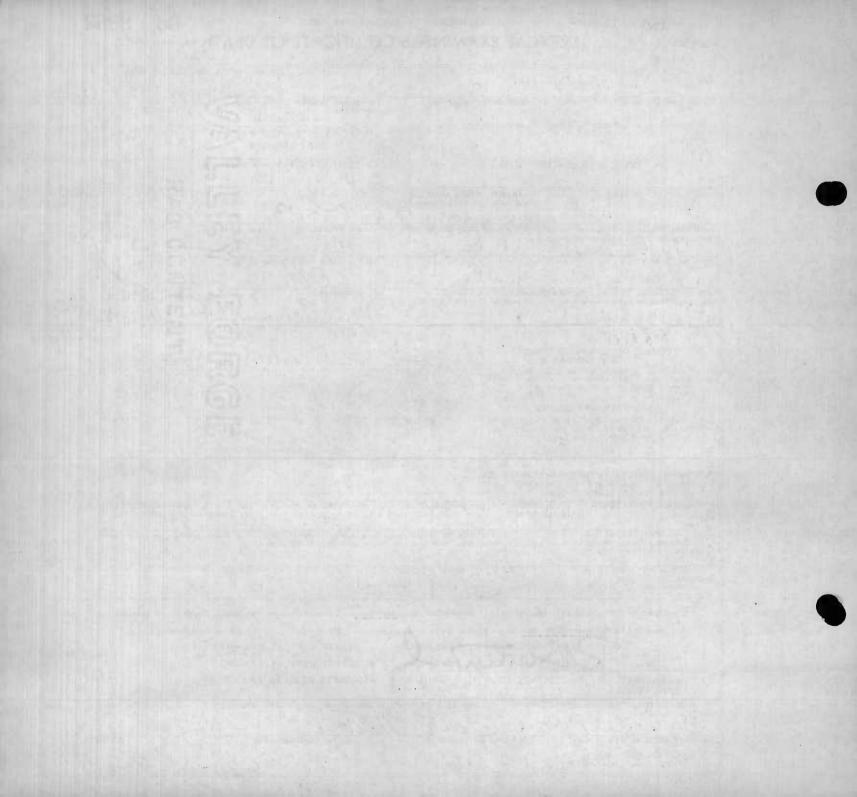
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MEDICAL EXAMINER'S CERTI	FICALE OF DEATH Registered Na.
M.E. CASE NO.	
JAMES MILLER	September 8, 1965 6:10 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USL A. STA	JAL RESIDENCE (Where deceased lived, If institution: residence before admission)
THE NAME OF THE NOT IN HOSPITAL OF INSTITUTION CIVE STREET	Maryland
OSPITAL OR ADDRESS OR LOCATION)	Baltimore
Baltimore City Jail D. STR	REET ADDRESS (If rural, give location)
	hikarin In
	E OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.
male white widowed, divorced (specify)	0-/-23 lost birthday) Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRT	
one during most of working life, even if retired)	WHAT COUNTRY?
	THER'S MAIDEN NAME
James & Weller St.	816.
	DRMANT 7, (LEDDE ADDRESS - Jane
yes wwit? ! Mu	is Edward A. Hornes all "
CAUSE OF DE	ATH INTERVAL BETWEEN ONSET AND DEATH
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(T) 1	amorphosis of the liver
heart failure, asthemia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
CONTRIBUTIONS CONTRIBUTIONS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A.	AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or ob	out 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	Ig., INJURY OCCUR?
21D TIME (Month) (Doy) IYeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK	
22. I certify that I held on Inquiry Inspection Autopsy	and that an this bosis, deoth in my opinian
	Homicide Undetermined monner
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE COM COM D. ASSIS	TANT MEDICAL EXAMINER (X) CIATE MEDICAL EXAMINER (1) 9/8/65
NAME (Type) Rudiger Breitenecker, M.D.	CIATE MEDICAL EXAMINER 978783
3A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREM	ATORY 23D. LOCATION (City, town, or county) (Sigle)
Duriel 9-29-65 Kalt. 1134	mal falls yells
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C. FUNERAL DIRECTOR ADDRESS
SEP 29 1965 Robert E. Farleyna	De S Barra Sum ROV
Ulokseld E. Jankenkill	The to the service, subline your to
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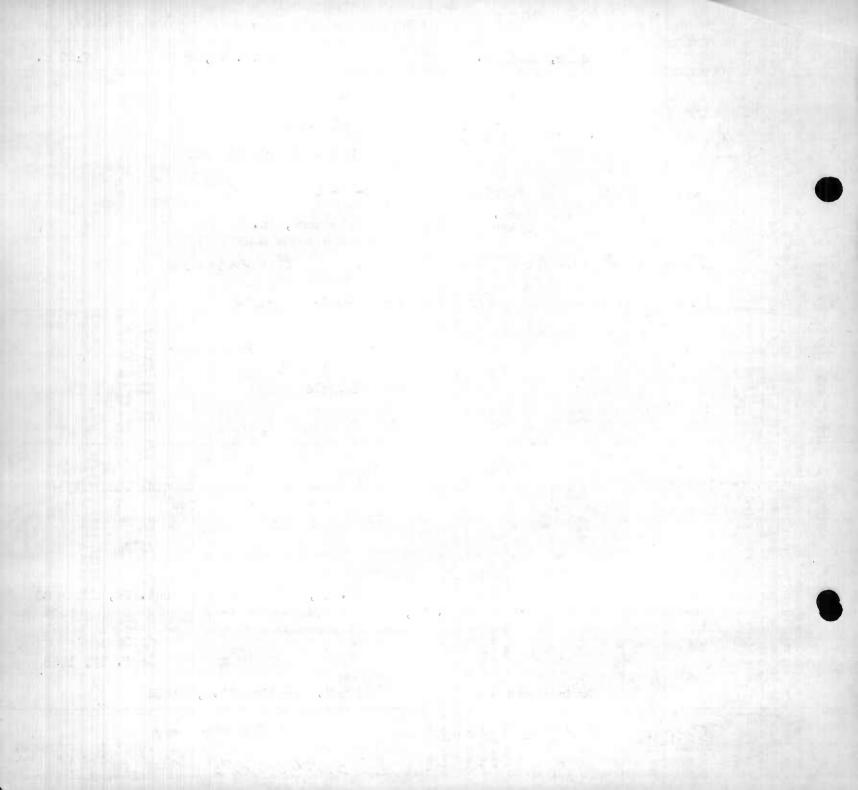


Baltimore

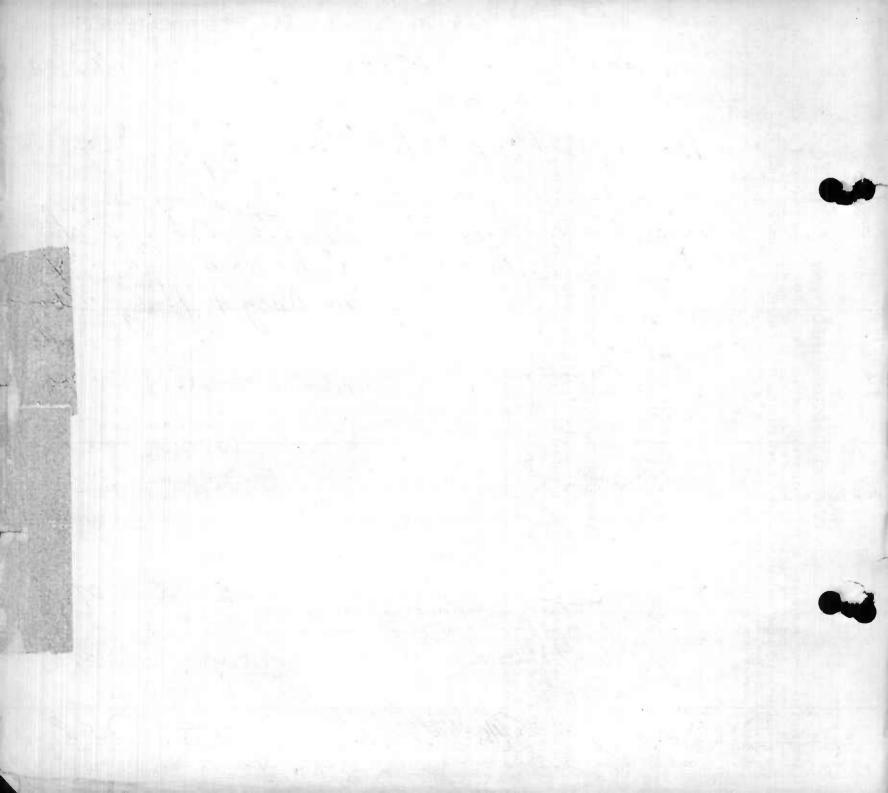
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(Type or Print)	CEASED		2. DATE A	ND HOUR OF DEATH	
	McKee,	Edwin B.		pt. 26, 1965	^
FULL NAME HOSPITAL OI	d oddress or location	r institution, give street	Maryland c. city or town (1f or Baltimore #2)	otside city limits, write R B rurol, give locotion)	stitution: residence before admission
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	White CUPATION (Give kind of work of working lile, even if retired)	WIDOWED, DIVORCED (specify) Married 108 KIND OF BUSINESS OR INDUSTRY Beth. Steel Sparrows Point	4-26-21 11. BIRTHPLACE (Stote or fore Allentown, Pa	lost birthdoy)	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
FDW	IN B. Mck	FF SR.	14. MOTHER'S MAIDEN NA	ANDALL	
5. Was Deceas	ed Ever in U. S. Armed Force wn) (If yes, give wor or dotes WW II	es? of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HOSP. R.		ADDRESS
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DISEASE O	DF OPERATION 19B. CONI	OTTON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	FINDINGS CONSIDERED USES OF DEATH?	
エーシュ		218 BLACE OF INTURY /o a in			
OR CONTRI	BUTING CAUSE OF ify medical examiner)	home, form, loctory, street, of	or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OR CONTRI	BUTING CAUSE OF	home, form, loctory, street, of etc.)	ffice bidg., INJURY OCCUR?		City, give exoct locotion)
OR CONTRIDEATH (not DEATH (not DE	EDITING CAUSE OF ify medical examiner) (Month) (Day) (Year) Fy that (I) (this hospital) E) lost sow the decease and from the causes state TURE ARA (Tune)	home, form, loctory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceosed from	Septe 19. 19.65	JURY OCCUR? 19 65 to Sent in (my) (our) oplation (my)	pt. 26, 1965 nlon death occurred on the do 238 DATE SIGNED Sept. 26, 1965
OR CONTRIDEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif that (i) (wo ond hour o 23A. SIGNA' 23C. PHYSIC	EDITING CAUSE OF ify medical exominer) (Month) (Doy) (Year) Fy that (I) (this hospital) a) lost sow the decease and from the couses state TURE ANS (Type) GOVINGA REMATION, 248. DATE	home, form, loctory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Not While At Work attended the deceosed from	Sept. 19. Sept. 19. 19. 65. ond the series of the series	Stoff Story	pt. 26. 19.65. nlon death occurred on the do 238. DATE SIGNED Sept. 26, 1965



BALTIMORE CITY HEALTH DEPARTMENT 9965 Registered No._ BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. VSUAL RESIDENCE (Where deceased lived. Il institution; residence object admission) attendance (Il not in hospital or institution, give street FULL NAME OF HD SPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION nore D. STREET (Il rurol, give location) ADDRESS made 9 5. SEX MARRED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (I If Under 1 Yi. Il Under 24 Hrs. Months! Doys Hours! Min. yeors avre 10A, USHAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country. 12. CITIZEN OF disposition WHAT COUNTRY done during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LO IMPORTAN 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS final (Yes, no or inknown) (II yes, give wor or dotes of service) SECURITY NO. attendance 18. 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made at dying, e.g., hearl failure, asthenia, etc. it means the disease, DIRECTOR: injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) remains UNDERLYING CONDITION last. FUNERAL CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE DR CONDITION CAUSING IT. 208. F YES WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) DEATH (notify medical examiner) MEDI obtained 21 D. TIME (Hour) (Month) (Day) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While [(APPRD X.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram... that (1) (we) last saw the deceased alive on 1 and that in (my) (aut)oplnian death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATERE 23B. DATE SIGNED Attending Stoll M.D. Med. Phys. Phys. approval 0 23C. PHISICIAN'S 23D. ADDRESS prior NAME (Type M.D. 24A. BURIAL CREMATION. 240. NAME OF CEMETERY OF CREMATORY 24B. DATE LOCATION county) MOVAL (Specily written ADDRESS 25CAUNERAL DIRECTO VS 150-REV. 1/1/65



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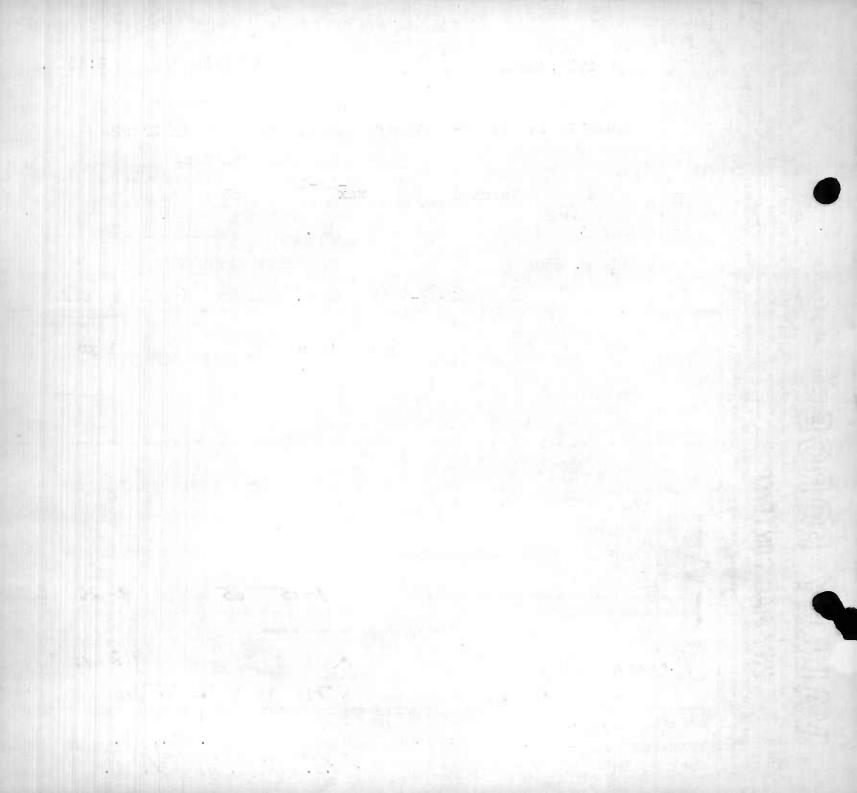
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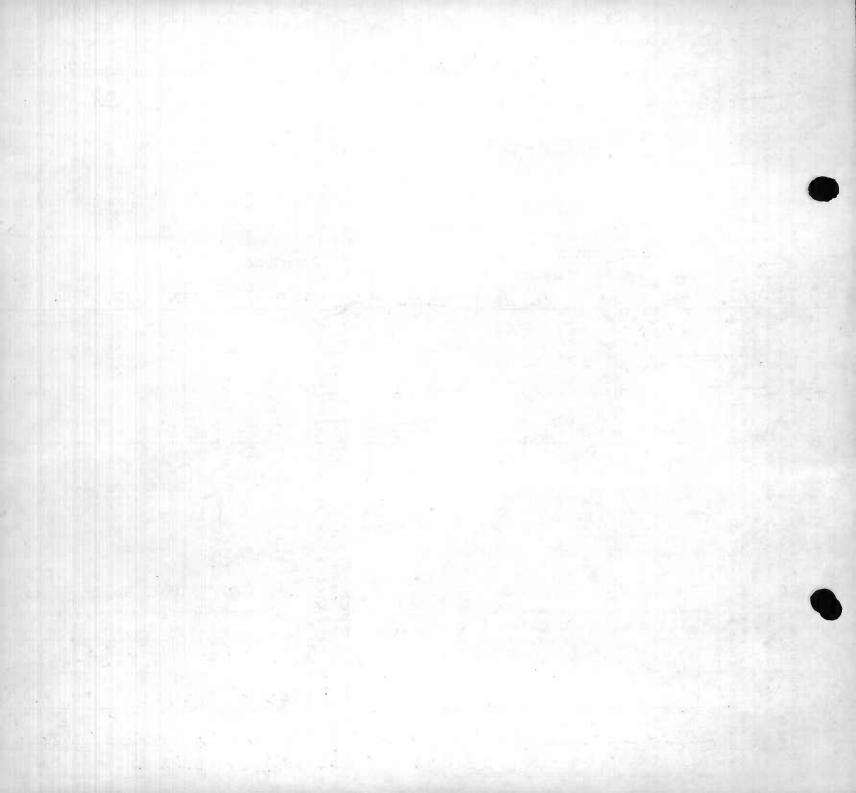
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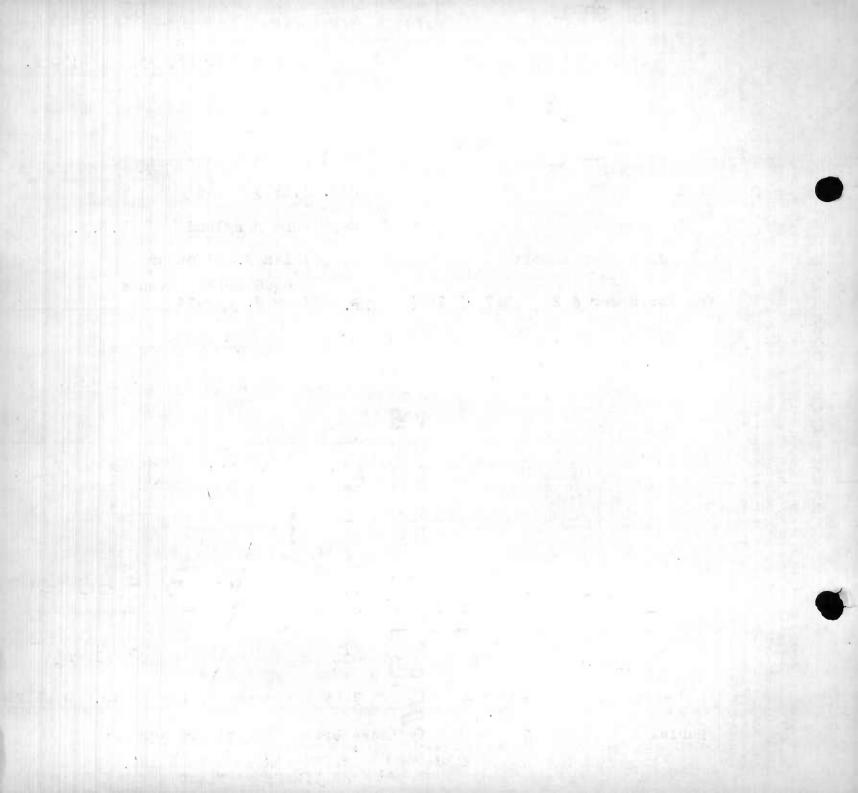
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0-5	RTH NO. 65 9968 CERTIFICATE OF DEATH Registered No.	
F 3 1.	.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	- 15
	SARAH GOEBRICHER 9/26/65	12 - A
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institute A. STATE B. COUNTY	^
		SP. SINCE 1932
ŕ	INSTITUTION (If outside city limits, write RURA	L and give township)
ŕ	D. STREET ADDRESS (If rural, give location)	-36
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5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors III	Under 1 Yr. If Under 24 Hrs.
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	UNKNOWEN	
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	hearl failure, asthenia, etc. Il means the disease, injury at complication which caused death.)	
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	rise to the above cause (A) stating the UNDERLYING CONDITION last.	7204/2
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Craticio	WAS PERFORMED IN CERTIFYING CAUSES	
	OR CONTRIBUTING CAUSE OF . /) home form forton street office-bids INTURY OCCUR?	r, give exact location)
AATON A	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED // 21F. HOW DID INJURY OCCUR?	
444		,
	/ / Work Al Work C	9/26 15
	22. I certify that (I) (this hospital) attended the deceased from 19 32 to that (I) (we) last saw the deceased alive an 9/26 19 5 and that in (my) (eve) apinion	19.12.2.
ŀ		death accurred an the dat
ŀ	and haur and from the causes stated abave. (1) (4) (did) (did) view the bady after death.	DATE SIGNED
ı	Laroph & Moderate M.D. Attending Med. Stoff	abolic
	Phys. Director Phys. 23C PHYSICIAN'S	120/03
	23C PHYSICIAM'S NAME (Type) 23D. ADDRESS M.D. S. M.D. HOSO Of BOL	TO Tale M
2.	IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, to	wn. or county) (State)
	REMOVAL (Specify)	Ba- 20-1
2	BURIAL 1/30/65 SANTO HEISROW COMETONS 13 C/AIR Rd. A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	SEP 29 1005 A - Jack hewis Tac. 2100.	- 0.
1	150-REV. 7/1/65 1965 Page 18 E Tally 19	LUTTIO 1
	13/4 10 Wal	

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MARY RUTH BAFITIS P. DATE AND HOUR OF DEATH P. FRACE OF DEATH IN HARTHOOD, RABETAND P. FRACE OF DEATH P	BIRTH NO.	65 99	69		HEALTH DEPARTMENT	W 6	5 9969
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HOUSE IN The Pines-Belveder D. STEET FOOTS ** TO MAKE 21222 SEE B. RACE		oddress or lacation)		C. CITY OR TOWN	autside city limits, write l	RURAL ond give township)
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (a.q., in ar about 21C, WHERE DID harm, lorm, loctory, street, office bldg., INJURY OCCUR? DEATH Inolity medical examiner) 21D. TIME Month (Doy) (Year) IHaur) 21E. INJURY OCCURRED While At Not While At Work Not While At Work Not While At Work Not While	OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTIN	G			
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212. A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotily medical examiner) 212. D. TIME (Month) (Doy) (Year) [Haur) 21E. INJURY OCCURRED While AI Work	19A. DATE O			WHICH OPERATION	20 A. AUTOPSY? (Yes a	No 208. IF YES, WERE I	FINDINGS CONSIDERED
212. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, lactory, street, affice bldg. INJURY OCCUR? 21D. TIME IMONTH) (Doy) (Year) IHaut) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? 22. I certify that (I) (this hospital) attended the deceased from	0 1	9/ey WAS PERF	OKMED	ul Line		IN CERTIFYING CAL	USES OF DEATH?
DEATH Inotily medical examiner) 21D. TIME (Month) (Doy) (Year) [Hour) 21E. INJURY OCCURRED While At Work At Work 22. I certify that (I) (this hospital) attended the deceosed from	J 21A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	or about 21C. WHERE DIE	(If in Baltimore	City, give exact lacation)
21D. TIME [Month] (Doy) (Year) [Haur) 21E. INJURY OCCURRED While At Wark 21F. HOW DID INJURY OCCUR? 22. I certify that (I) (this hospital) attended the deceosed from 9-15 1965 to 9-26 1966 that (I) (we) last saw the deceosed alive on 19 ond that in(my) (our) opinion deoth occurred on the ond hour and fram the couses stated above. (I) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE M.D. Attending Med. Director Phys. 23B. DATE SIGNED			han	ne, lorm, lactory, street, af	fice bldg. INJURY OCCUR	?	
While At Wark Not While At Wark 22. I certify that (I) (this hospital) attended the deceased from 7 - 15 1965 to 9 - 26 1965 that (I) (we) last saw the deceased alive on 19 ond that in (my) (our) opinion death occurred on the ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DAYE SIGNED Phys. 23B. DAYE SIGNED 23B. PAYE SIGNED Phys. 23B. DAYE SIGNED Phys. Ph)						
22. I certify that (I) (this hospital) attended the deceosed from 7-15 1965 to 9-26 1965 that (I) (we) last saw the deceosed alive on 19 ond that in (my) (our) opinion deoth occurred on the ond hour and fram the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Staff Phys. 23B. DATE SIGNED Phys. Director Phys. 32B. DATE SIGNED Phys. 32B. DATE SIGNED Phys. 32B. ADDRESS NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 1Staff Physical P	OF INJURY	(Month) (Doy) (Year)				INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from	(APPROX.)						
that (I) (we) last saw the deceosed alive on	22	, shot (I) (this besited			9-15	10/-5	9-76 101
ond hour ond fram the couses stoted obove. (I) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE Color M.D. Attending Med. Staff Phys. 9/2 8/6 5							
23A. SIGNATURE Color Colo	that (I) (we) last saw the decease	d alive on	***************		that in (my) (our) opt	nion deoth occurred on the
A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecily) BURIAL 9/29/65 SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EUNSEL DIRECTOR W. B. BRADIEY, DUNDAIA, MD.	and hour on	d fram the couses stat	ed obove. (l) (We) (did) (did not) v	iew the body after dea	th.	
23C. PHYSICIAN'S NAME (Type) W(C SON M.D. S721 Paul Indiany (City, town, or county) 4A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecily) BURIAL 9/29/65 SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR SEP 29 1965 R.L. & Fallow M. W.B. BRADIEY, DUNDAIN, MD.	23A. SIGNAT	URE	1 .				23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) W(C SON M.D. S72 Park Indicated South Sout	(Vo -	1 7/11/1		M.D. Atte	nding Med.		9/28/6-
NAME (Type) W (C SON M.D. S 72 Park logitudes 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 1Ste BURIAL 9/29/65 SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR DAND. SEP 29 1965 Res. & Fallows W.B. BRADLEY, DUNDALK, MD.	23C PHYSICI	ars wif	201			Phys.	110000
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 1Sto BURIAL 9/29/65 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C EUNSEA DIRECTOR DUNDALA, MD.	NAME (Type)		/	CA TO CA	. 11 11	t-6.
BURIAL 9/29/65 OAKLAWN SA. DATE REC'D BY HEALTH DEPT. SEP 29 1965 Rose & Fallows W.B. BRADLEY, DUNDALK, MD.		WICK	-SOW	M.D.	3 64 0	ary Iglu	cally.
SEP 29 1965 P.C. A E. Faller W. B. BRADLEY, DUNDAIR, MD.	4A. BURIAL CRE	EMATION, 248 DATE	24C. N	AME of CEMETERY OF CRE	MATORY 240	LOCATION / ICI	ty, town, or county) (Sto
SEP 29 1965 Report & Faller W.B. BRADIEY, DUNDAIN, MD.	BIRTA	T. 9/20/65				1	
SEP 29 1965 R.C. & E. Faller W.B. BRADLEY, DUNDALK, MD.			lana Milia	OAKLAWN		BALTO. CO.	
The control of the co	SA. DATE REC'E	BY HEALTH DEPT.	0 7	OF REGISTRAR	25C FUNSHAL DIREC	i Pracle	ADDRESS
	SEP 2	9 1965 (1200.1	18. do	Wee H.D	W.B.BRAT	DIEY. DUNDAL	X. MD.
S 150-REV. 1/1/65	\$ 150-REV. 1/1/	/65			0 0		

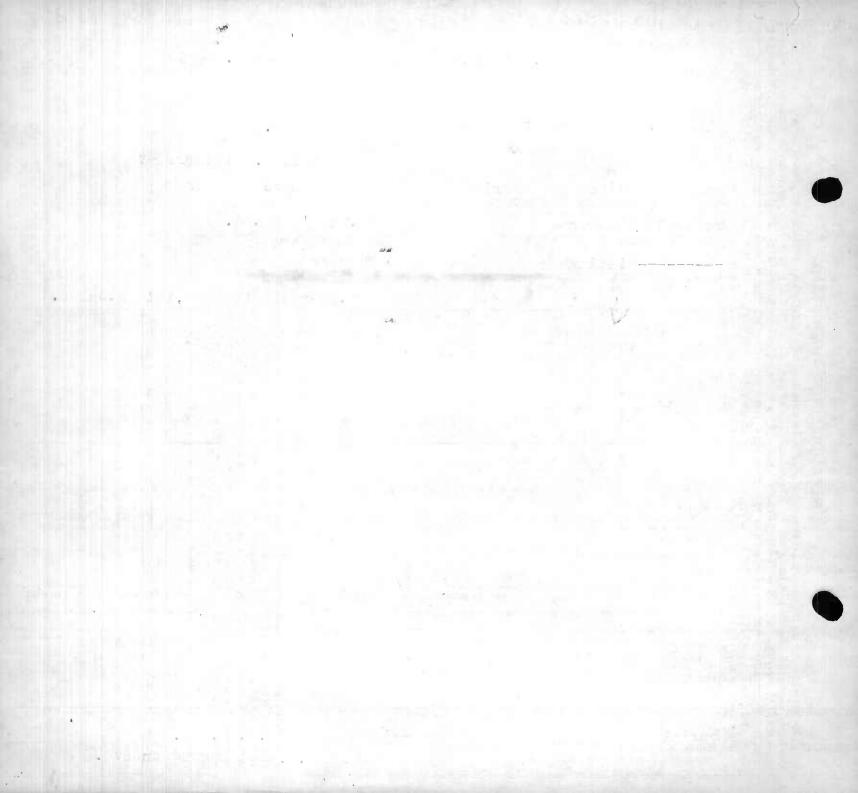






FUNERAL DIRECTOR: IMPORTANT

	0000	BALTIMORE CIT	Y HEALTH DEPARTMENT	6	25 0000
BIRTH NO.	65 9972	CERTIFICA	ATE OF DEATH	Registered Na.	55 9972
M.E. CASE NO		*		ID HOUR OF DEATH	
(Type or Print)		. Williams		pt. 24/65	P A
3. PLACE OF	DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Whe	re deceased lived. (1 institu	tion; residence before odmissio
		***	Md. B. COUN	ITY	1910-
HOSPITAL	OR oddress or locotion	or institution, give street		tside city limits, write RUR	AL and give township)
1616 W	. Baltimore	Str	Balto.		The one give township)
Δ.				rural, give location)	
0		couply a	7676 W	Baltimore 5	t
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	D DATE OF BIRTH	0 ACE (1-	Under 1 Yr. If Under 24 Hoonths! Doys Hours Min.
ale	white	widowed, Divorced (specify)	March 22/96	lost birthdoy 69	onths Doys Houis Min.
IOA. USUAL O		108. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or fore	ign country) 1:	2. CITIZEN OF
	st of working life, even if retired) Polisher		So.Mary's 'o.	Md.	USA COUNTRY?
3. FATHER'S			14. MOTHER'S MAIDEN NA		
	Williams		Unknown		9
Yes, no or unkn	nown) (II yes, give wor or dote	es of service SECURITY NO.	CHARLES WANTED		ADDRESS SOLL A
		220 01 5547	Mrs.Frances	illiams, 161	6 W.Baltosi,
18.	200/1	CAUSE	OF DEATH		INTERVAL BETWEEN
DIS	SEASE OR CONDITION DIR	RECTLY	A. h.	12.4: 1 -	OHISE AND DEATH
/This doe	LEADING TO DEATH	dying, e.g., DUE TO	un mocerolia,	appreten	
heart foil	ure, osthenio, etc. 11 means	the disease,			
injuly of	complication which caused		4		1
Die.	ANTECEDENT CAUSES	(B) DUE TQ	*	7	
	S OR CONDITIONS, if				
	The above couse (A)	slaling lie (C)	• •••••••••••••••••••••••••••••••••••••	***************************************	
O OTHER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING			
OTHER SI TO THE DISEASE	OR CONDITION CAUSING I	T			
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1) 208. IF YES, WERE FINE	DINGS CONSIDERED
ERT			no		o or brain.
OR CONT	RIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	((1 in Boltimore Ci	ty, give exoct locotion)
DEATH (n	ofily medical examiner	etc.)			
21D. TIME		(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While AI NoI WI			
22	a:f., ab-a /1) /ab:- b:a-l		100000000000000000000000000000000000000	1963 to Sept.	34 10/15
		d alive on Alb 1, 23	7- 4		24 1965
	we) last saw the decease			at in (my) (out) apinion	n death accurred an the de
		ted abave. (I) (We) (did) (did no t)	view the bady after death.		
23A JIGN	ATURE M. LO	-/-			B. DATE SIGNED
116	MOD JOHN	ecor M.D. A	ttending Med. Director	Stoff Phys.	7-27-65
23 C. PHYS	ICIAN'S LE (Type)		23D. ADDRESS	1 1 01 1 1	1
Mon	PRIS B.	CHREIBER M.	1519W. Joma	and St. Bell	Henry 23 Mid
24A. BURIAL	CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF C	REMATORY 24D. L	OCATION (City, t	own, or county) (State)
	AL (Specify)	C			
ourial	9/29/6	55 Glen Haven	25C. FUNERAL DIRECTOR	A.Co. Md.	ADDRESS
TOOL DATE RE	SEP 20 1965	R. C. A. E. Stanburg	Witzke F.D. 41	1 Edmondsor	Ave.
V6 150 2017	3L1 63 1000	NEGON -1			
VS 150-REV. 1	1/1/65				



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BALTIMORE CITY HEALTH DEPARTMENT

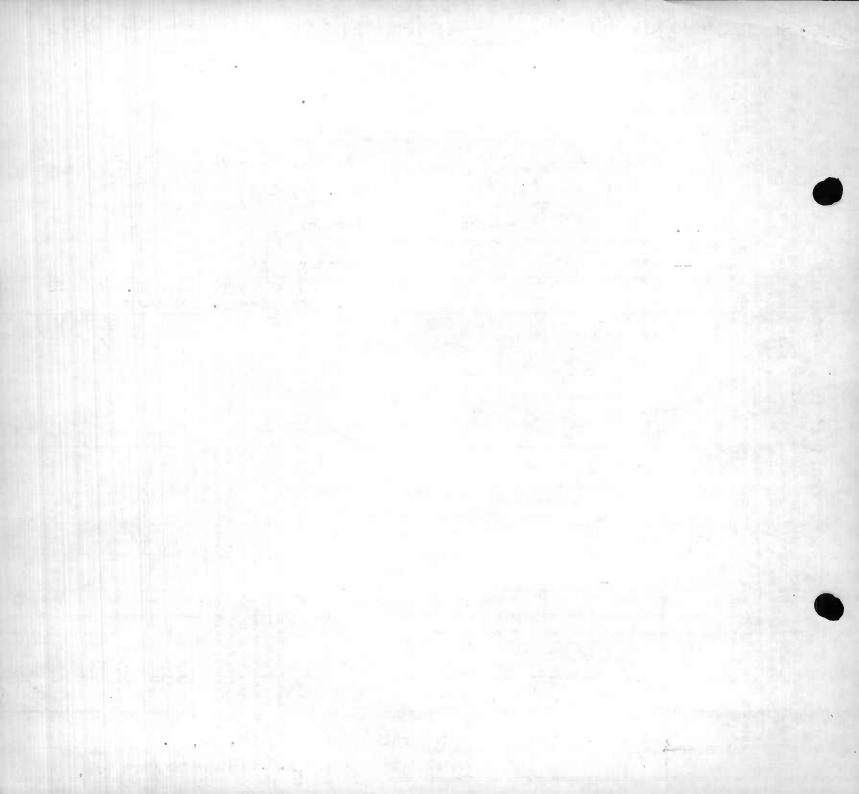
CERTIFICATE OF DEATH

BIRTH NO.

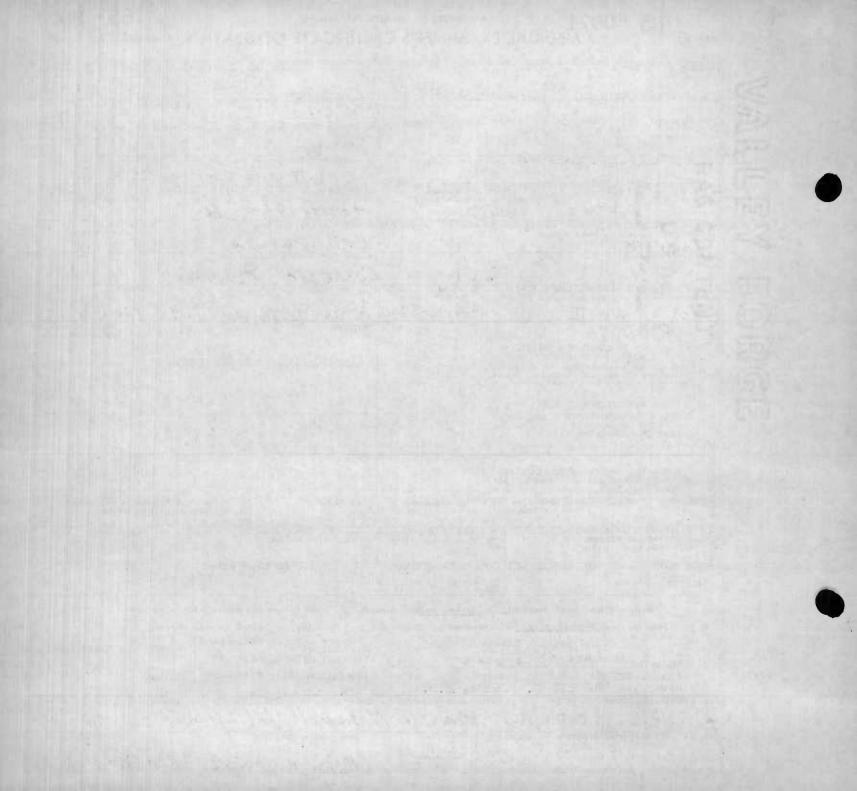
TO

VS 150-REV. 1/1/65

Registered No.



5-315	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT 65 9974 BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
	COYET STEVENSON 9-26-65 12:14 P M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
36	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FRANKLIN SQUARE HOSPITAL - DOA Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurel, give location)
	729 E. Preston Street 21213
19	5. SEX 6. RACE Male Colored TOA. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
	done during most of working life, even if retired) WHAT COUNTRY? LABORER'S NAME 14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.
	18. CAUSE OF DEATH INTERVAL BETWEEN
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., heart foilure, osthenio, etc. it meons the disease, injury or complication which caused deaths.) CAUSE OF DEATH (A) Arterioscleratic cardiovascular disease DUE TO
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? etc.)
	21D TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE THE WORK AT WORK
	22. certify that I held an Inquiry Inspection X Autopsy ond that on this basis, death in my opinion
	resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER X
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 9-27-65
	NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, [23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) 15mile)
	REMOVAL (Specify)
	SEP 29 1965 Plant E. Farbuyna Mastril W. JONES, SR. HARFORD AVE.



65 9975	BALTIMORE CITY HEALTH		ored No. 65 9975	
BIRTH NO. M.E. CASE NO.	CERTIFICATE O	DEATH		
Type or Print SARAH LASKER		SEPTEMBER	1100	0
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUA A. STATE	L RESIDENCE (Where deceased	lived. If institution: residence before odr	mission)
FULL NAME OF (If not in haspital or institution, g	ve street MA	exhand.	27-17	
HOSPITAL OR oddress or locotion)	- 3 hr		nits, write RURAL and give lownship)	
SINAI HOSPITAL	D. STREE	PLTIMORE (If rural, give le	acotion)	
		19 PALMER A		
WIDOWED,	DIVORCED (specify)	last birthdoy	years If Under 1 Yr. II Under Months Doys Haurs	24 Hrs. Min.
PEMALE WhITE WI OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF		KNOWN 90 PLACE (State or foreign country)	12. CITIZEN OF	
dane during most of working life, even if retired)		Russia	WHAT COUNTRY?	
13. FATHERS NAME	14. MOTH	HERS MAIDEN NAME	1 43 9	
Louis		ROSE		
5. Was Deceased Ever in U. S. Armed Forces (1) Ves. no ar unknown) (If yes, give war ar dotes of service)	SECURITY NO.	MANT	ADDRESS	
No		RLes LASKER	3007 GARRISON	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	e 6. 10	INTERVAL BETWEI ONSET AND DEA	
LEADING TO DEATH	(A) PNEUM	ONIA	7 dave	
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO	## 1 pm ################################		
injury at camplication which coused doubt.	(B)			
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	CEREBOO VASEULAR	ACCIDENT	8 done	
		UTOPSY? (Yes or No) 20B. IF,Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?	
THE COLUMN	DIACS OF BUILDING	No a		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 218. home etc.)	PLACE OF INJURY (e.g., in ar obout lorm, factory, street, affice bldgs,	INJURY OCCUR?	in Baltimore City, give exact lacotion)	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJURY OCCU	R?	
OF INJURY (APPROX.) While	Not While At Work			
22. I certify that (#1) (this hospital) attended th	deceased from Septem	bee 21 1965 1	SEPTEMBER 27 19	65.
that (th) (we) last saw the deceased alive an			(see) opinion death accurred an t	he date
and haur and from the causes stated above. (1)	(We) (did) (did not) view the b	bady after death.	23 B. DATE SIGNED	`
Thomas 111 Cand	M.D. Attending	Med. Staff Phys.	Lear 37	_
23C. PHYSICIAN'S NAME (Type)	Phys. 23D. ADDR	. / .	Jep1. 21, 146	5
HOWARD H. GENDASON	M.D. SINI	gi Hospital.	BALTIMORE 15, MD) .
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county) (Stotel
Burgal 9/29/65	ROSEDALe	BALTO	Mo 1 Mo	
SEP 20 1065 A C Z	REGISTRAR 25C. F	FUNERAL DIRECTOR	ADDRESS	Can
VS 150 PEV 1/1/65	Reur I	3 YELLAY S	sultant 2311 the	7 9



		DATE INTO ILE CITT	#2-4#111 #2#17-114-17-1#1-4-1		
10,65	9976MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.

BI R1	Се, ои н	9976MEDI	CAL EX	AMINER'S CI	ERTIFICATE C	OF DEATH Registe	red Na	
	CASE NO.						TO DE LO	
1. I (Ty	De or Print)	CEASED			2. DA	TE AND HOUR PRONOUNC	0.00	
3. P	LACE IN BAL	TIMORE MARYLAND, WI	HERE PRONOU		9/28/65 3:00 a. M. 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) B. COUNTY B. COUNTY			
HO	L NAME OF	ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET		outside corporate limits, write	RURAL ond give township)	
INS	TITUTION				Balti	more	0-04	
4					D. STREET ADDRESS	If rurol, give location)		
	-0	St. Joseph		NEWER ANABRIED		N. Maderia	If Under 1 Yr. If Under 24 Hrs.	
5. S	ŁX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
104	male	white		ried BUSINESS OR INDUSTRY	April 7, 190	02 63	12. CITIZEN OF	
	during most of	working life, even if retired)	4.1 0		0 1	, lottergii coolitiyi	WHAT COUNTRY?	
13.	Rigg FATHER'S NAT		Md. Un	ydock	Uenmark 14. MOTHER'S MAIDEN	NAME		
					Ċh : . 4 : .	IA-400		
		ohn Jacobsen DEVERN U.S. ARMED		16. SO CIAL	17. INFORMANT	ne LArson	ADDRESS	
(Yes	, no or unknown	(If yes, give war or date	s of service)	086-12-1824	Frances Jan	cobsen - 1514 N	. Madeira St.	
	1B. 4/1	61		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITION DI	RECTLY			1 12		
	(This does	LEADING TO DEATH not meen the mode of , osthenio, etc. It meens	dying, e.g.,	(A) Inacti	ve rheumatic	heart disease		
	heort foilure injury or co	, osthenio, etc. It meons mplication which coused	the disease, death.)					
		ANTECENDENT CAUSE	S					
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO				
		NG CONDITION LAST.	AIING THE					
O				(C)				
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REF OR CONDITION CAUSING	ATED TO T					
CERT		F OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FI		
EDICAL	UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, c	in or obout 21C. WHERE office bldg., INJURY OCC	DID (If in Boltimore City, gi UR?	ve exect location)	
Σ	21 D TIME	(Month) (Doy) (Year) (Hour) 2	1 E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	V 3	
	OF INJURY (APPROX.)		m. V	VHILE AT NOT	WHILE ORK	700		
	22. I cer	tify that I held an I	nguiry 🗌	Inspection Aut	apsy k and that	an this basis, death in t	ny apinian	
		Ited fram: Natural ca		scident Suicld		Undetermined mann		
				1.1		AL EXAMINER		
	ACTUA		en 11.	5~1 un	ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED	
	EXAMII NAME (VER'S Warmer I	. Spitz		ASSOCIATE MEDIC	AL EXAMINER	9/28/65	
	MOVAL (Speci		23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City	, town, or county) (State)	
	Burial	Oct. 1	1965	Holy Redeem	er (emetery	Baltimore 1	Maryland	
24		BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C, FUNERAL DIE	RECTOR	ADDRESS	
	SEP 2	9 1965 R.P.	F. 3 &	7. O. H. B	John (. 1	Viller Inc-6415	Belair Rd.#6	
VS	151-REV. 1/1							

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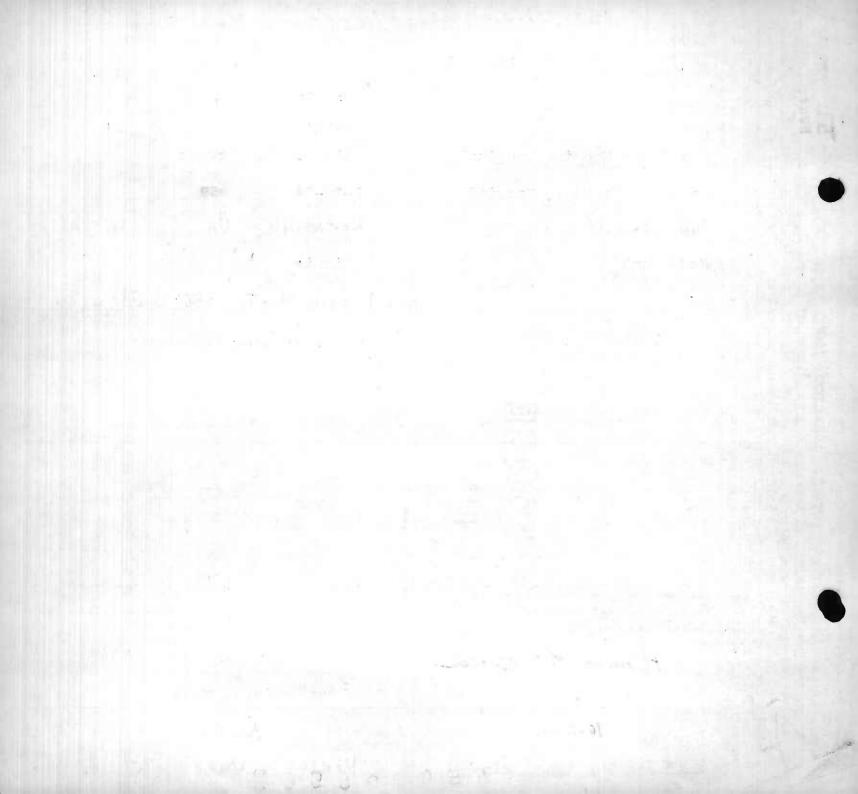
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Panic A. Annag.

IMPORTANT

FUNERAL DIRECTOR:

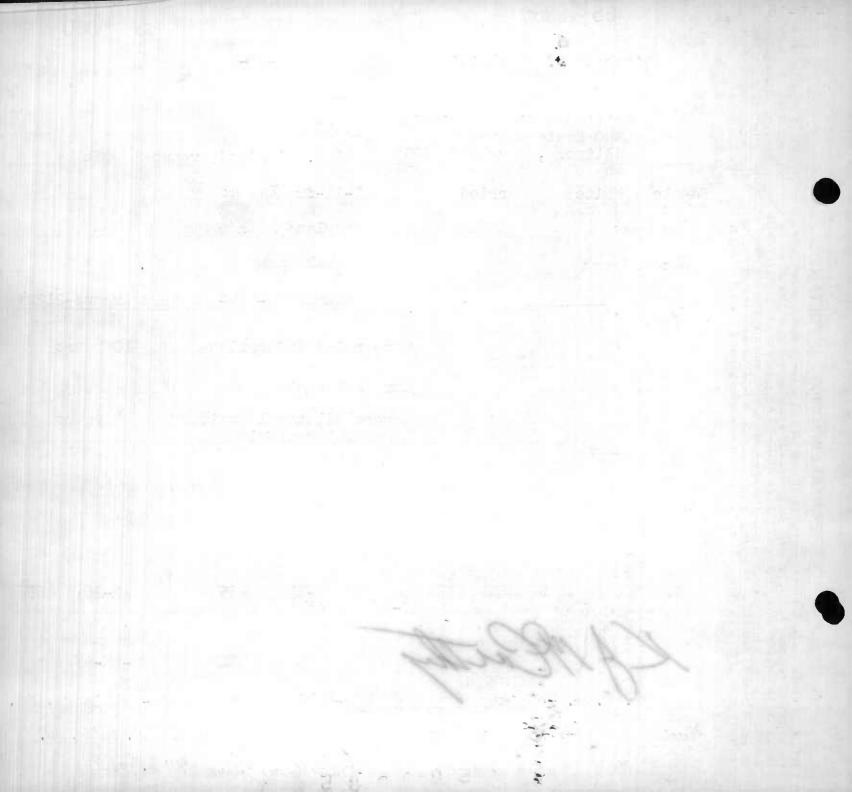


	65	997
l	BIRTH NO.	
1	ME CASE NO	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.5 9979

MILDICAL LAAMIIALKS	SEKTIFICATE OF DEATH MISSISSES NO.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) DAISY TRUSTEE	2. Date and Hour Pronounced Dead 9/27/65 4:45 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 0 () 6
St. Joseph Hospital	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1721 N. Bond St. [8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
female colored WIDOWED, DIVORCED (specify)	9. AGE (In yeors lost birthdoy) 56
10A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTH PLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dalch Lis Fler	Commis (bush
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown), (If yes, give wor or dotes of sepred) SECURITY NO.	Mary 1022 3 Calantotte
18. CAUS	SE/OF DEATH INVERVAL/BETWEEN
DISTANT OR CONDITION DIRECTLY	/ ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	osclerotic cardiovascular disease
(This does not meen the mode of dying, e.g., heart foilure, asthemo, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	no IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, etc.)	olfice bldg., INJURY OCCUR?
Z 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY	WHILE WORK
m. WORK AT V	WORK U
	utapsy ond that an this basis, death in my apinian
resulted from: Natural causes X Accident Suici	de Hamicide Undetermined monner
ACTUAL 1444	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUNICIPAL M.	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9/28/65
NAME (Type) Werner II Spitz M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME OCEMETERY	or CREMATORY 23D. LOCATION (City_town, or county) (Stote)
Buriel Wit2/15th tul	urniem Ballo. Mel
24A. DATE REC'D BY HEALTH DEPT. 24B NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
SEP 29 1965 Olobert E. Tarberman	athlet & William 1 1707 h Band A
VS 151-REV. 1/1/65	more comment 1/11/1000 m

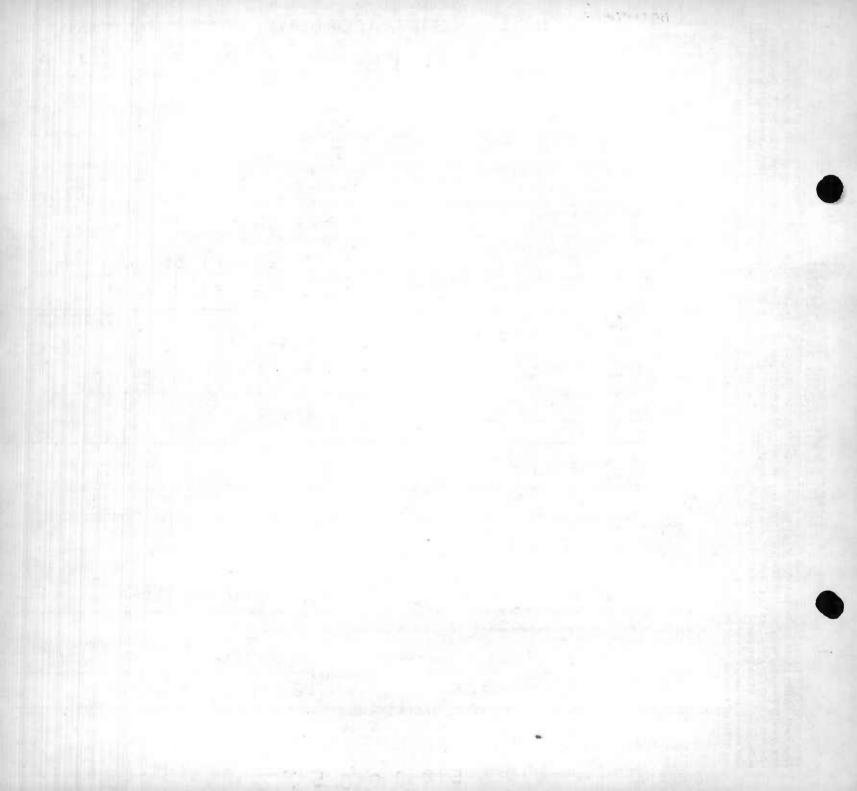




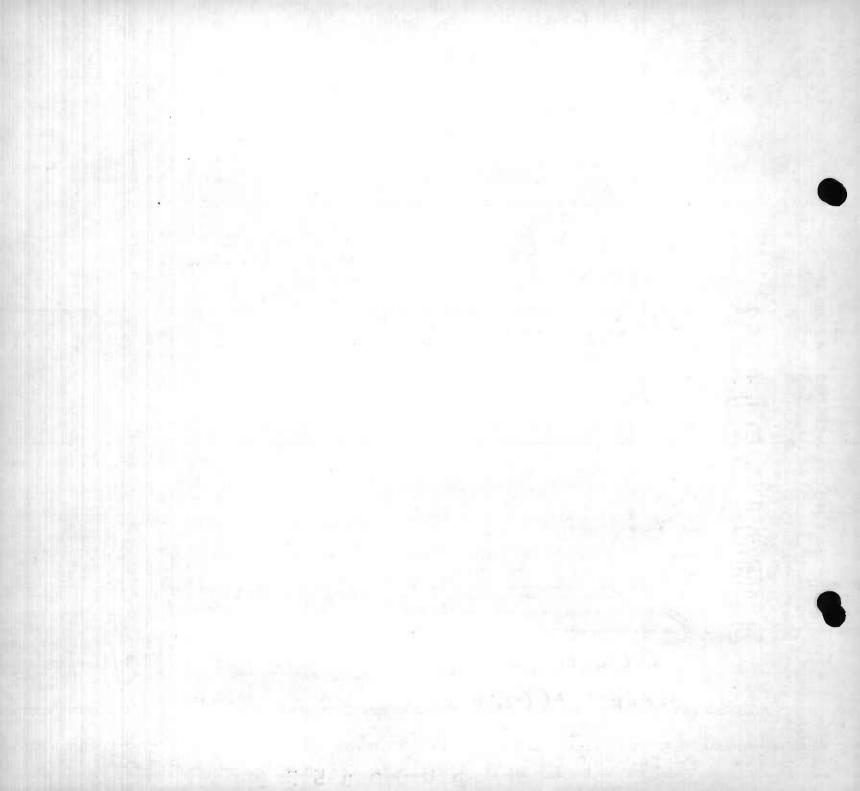
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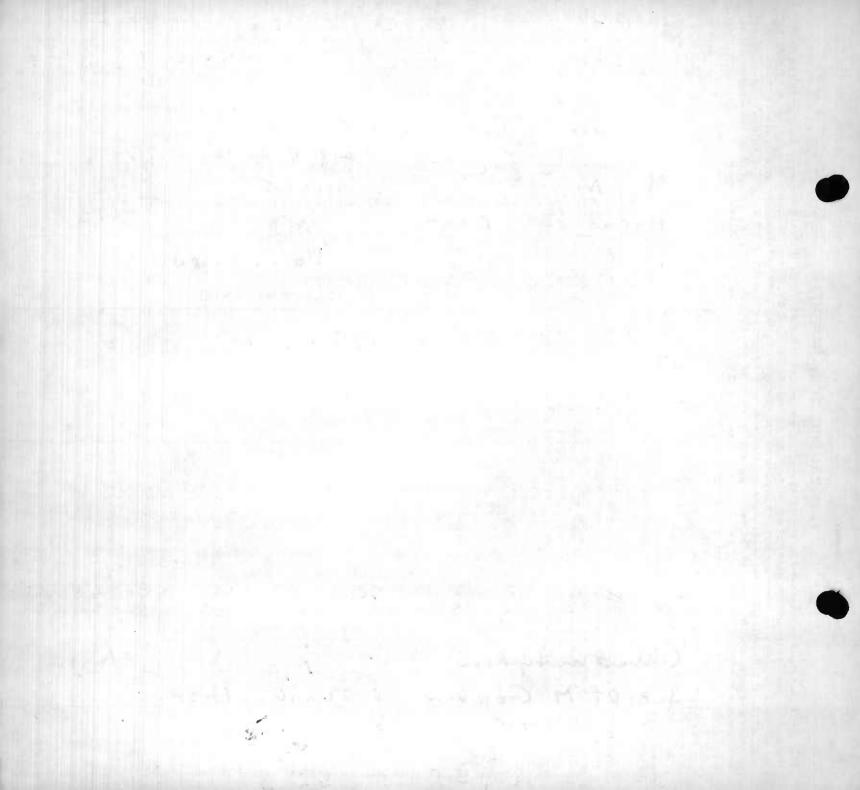
FUNERAL DIRECTOR:

2117105	BALTIMORE CITY	HEALTH DEPARTMENT		1
BIRTH NO. 65 998	1 CERTIFICA	TE OF DEATH	Registered Na.	65 9981
I. NAME OF DECEASED (Type or Print) Baby GiM	L JEFFER	SOAL 2. DATE AND	HOUR OF DEATH	1.50 A.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence befare admissia
FULL NAME OF (If not in hospital ar instit HOSPITAL OR address ar lacation)	ution, give street	A. STATE B. COUNT	ide city limits, write RUF	14-03
INSTITUTION		0 11 511	ORE	Ar and give idwinship)
I Nivere	11-021		ral, give location)	,
University .	MOZITAL	578 B	AKER S	+.
	RRIED NEVER MARRIED		AGE (In years of N	f Under 1 Yr. If Under 24 H Manths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
lane during most of working life, even if retired)		Marylon	d	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	E	0471
		Ann JE	FFERS.	oN -
5. Was Deceased Ever in U. S. Armed Farces? (es, na or unknown) (If yes, give war or dates of se	rvice) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Chart #	31-74	1-31
18. 77.3.0 I	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Q-	-0:01-0V T	1000	176
(This does not mean the mode of dying,	(A) KE	SPIRATORY D	17 (15 E77.	1/113,
hearl failure, asthenia, etc. It means the di- injury ar camplication which caused death,	sease,	DENTZ	OME	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	OUE TO			
rise to the above cause (A) stating				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i hame, larm, factory, street, o etc.)	in or about 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact lacation)
O-21D. TIME (Month) (Day) (Year) (Hour	21E INJURY OCCURRED	21F. HOW OIO INJU	RY OCCUR?	
(APPROX)	While At Not Whi			
		8 73	15 6	-74
22. I certify that (I)(this hospital) attended	A 24	1	10 9	-27 19 6
that (I) (we) last saw the deceased alive			In(my) (aur) apinio	on death accurred on the d
and haur and from the causes stated abo	ive. (I) (We) (did) (did nat)	view the bady atter death.	la:	B. DATE SIGNED
Cal - AL	M.D. AH	ending Med. S	itoff \	9-24-65
23C. PHYSICIAN'S	Phy	s. Director P	hys.	1-27-63
NAME (Type) CARLOS	ABEL MO	UNIVERSI	Ty Has	PITAL
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NAME OF CEMETERY VER	EMAJORY DUFT DADE LO	EATION I FA IN MOLLY	lowhiltor county) (State
SEP 28 10	65 IINIV	ERSITY MEDIC	AL SCHOOL	
APP A	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	WP SCHOOL	ADORESS
SEP 30 1965 P. P. B. E.	Fa. OruMA	MORTUARY	SEDVICE	DCHO
'S 150-REV. 1/1/65			JUN TIUL	- 6CHH

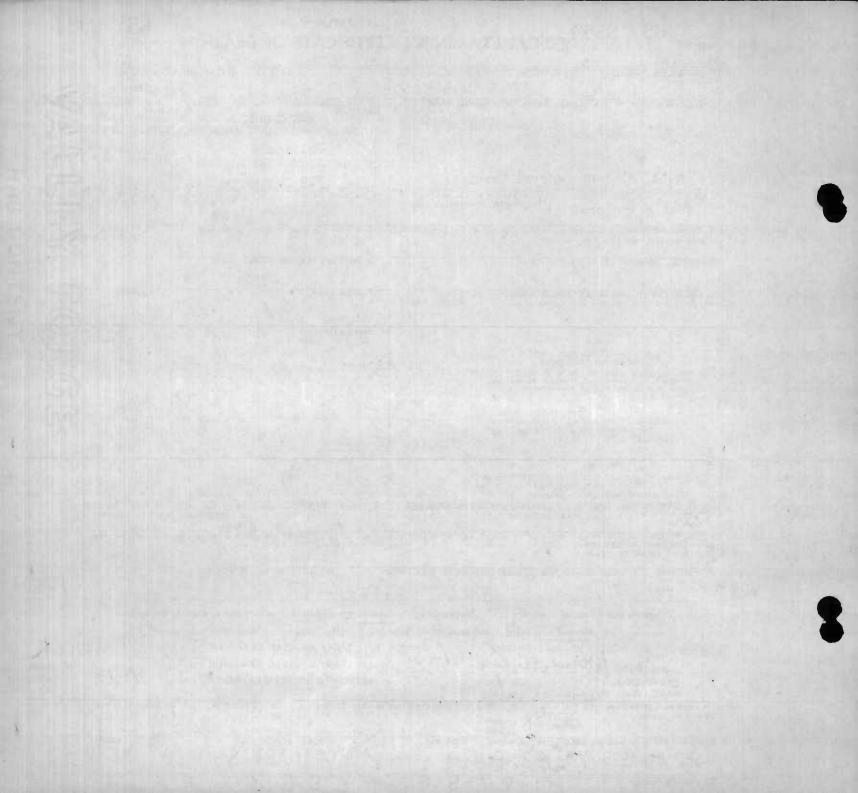


p = 7	101.1 05	QQQQ BALTIMORE	CITY HEALTH DEPARTMENT		4
	426/65	CERTIFIE	CATE OF DEATH	Registered No	65 9982 *
M.E. CASE NO.	EASED		2. DATE AN	ND HOUR OF DEATH	
Tues as Dist	3484 BOT	TODO "A"	4	4/65	1/39 A
B. PLACE OF DE	ATH IN BALTIMORE MA	RYLAND	14 USUAL RESIDENCE (Who	7 6 3	itution; residence before admission
			A. STATE B. COUN	NTY	1 1
FULL NAME	OF (If not in hospital	or institution, give street	MD		14-12
HOSPITAL OR	oddress or locotio	n)	C. CITY OR TOWN (If ou	Itside city limits, write RU	RAL ond give township)
0		HOSPITAC	BACTO.		
UA	siveres in y	1005 PITAC	D. STREET ADDRESS (IF	rurol, give location)	
			1417 N.BR	UNT St. A	17.
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
M	N	WIDOWED, DIVORCED (Specify	9/23/65	lost birthdoy)	
ON USUAL OCC	UPATION (Give kind of wor	108, KIND OF BUSINESS OR INDU		ion country)	12. CITIZEN OF
	working life, even if retired)	TO A KIND OF DOSINESS OR HIDD		rigit country)	WHAT COUNTRY?
B	4134		MD.		USA.
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	
	/		MARYE	ELLEN T	775
S Was Danie	From in II S A 1 P	11 / 22 21 21			
Yes, no or unknow	Ever in U. S. Armed For	os of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		0	Chant H	31-66-9	0.
18 7	/ V I	CAU	SE OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY		1	ONSET AND DEATH
Dista	LEADING TO DEATH	KEC IL I	IMMATUR	ITU	5 25/10 1418
(This does	not mean the mode of	dying, e.g., DUE TO			
	asthenia, etc. It meons				
	nplication which caused				
	ANTECEDENT CAUSES	DUE TO	***************************************		
	OR CONDITIONS, if	ony, giving			
	e obave cause (A) G CONDITION lost.	sloting lhe (C)	**************************************	991 v	
ONDEREINA	o condition lost.				
Z		CONTRIBUTION			
E TO THE D	FEATH BUT NOT RELA	ATED TO THE			
DISEASE OR	CONDITION CAUSING	Т.	1000	1 000	
19A. DATE O	OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	
E .					
U 21 A. ACCIDE	NT WAS UNDERLYING TUTING CAUSE OF		e.g., in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
T DEATH (notify	medical examiner	etc.)	The stage of the s		
0 21 D. TIME	(Month) (Dov) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	ILIRY OCCUP?	
S OF INJURY			While	OR OCCUR:	
(APPROX.)			Work	,	
22. I certify	that Ofthis hospito	l) ottended the deceased from.	9/23	19 65 to 9/	1965
1	lost saw the decease				
6				our in provide (our) opini	on deoth occurred on the do
and hour an	d from the couses sta	ted above. (1) (We) (did) taid a	et) view the body ofter deoth.		
23A. SIGN AT	JRE			2	3B. DATE SIGNED
(allo A.	Han O.) M.D.	Attending Med. Phys. Director	Stoff Phys.	9/2.4/65
23C. PHYSICIA	IN'S	Juan	23D. ADDRESS	de	10.100.
NAME (ype)		and the second	11-00	
AUY	SERT M	· (JORDON)	W.D.	402 h	
24A. BURIAL CRE			CREMATORY A CITY	OCATION A City.	town, or county) (Stole)
REMOVAL	SEP 28	3 1085			
25A DATE DECE		1909 IINIVE	DSITY MEDICAL	CCHOOL	
TOW DALE KEC.F	BY MEALTH DEDT	OCR MASAE OF PECIFERAL ! I	OCC PILATER ALL ASAL -MA		ADDRESS
CED O	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	MODTILADV	CEDVICE	RCHIP DORESS
SEP 3		b & Farleyma	MORTUARY	SERVICE -	BCH13 DRESS





BIRTH NO.	9984 MED	ICAL EX	AMINER'S C	ERTIFICA	TE OF	DEATH Registe	ored Na	3304
M.E. CASE NO.								
1. NAME OF DEC	CEASED	ANNIE	DODEDGOX		2. DATE AN	ID HOUR PRONOUNC	ED DEAD	
2 81 4 65 151 8 413	MAAORE AAARVI AAID MA		ROBERSON	W. 1161111 2201		9/1	6/65 19	25 2 M
FULL NAME OF	IMORE MARYLAND, W			IV.	daryland			
HOSPITAL OR	ADDRESS OR LOCA	(TION)	, trott, ofte oftee			de corporate limits, write	RURAL and a	ive township)
2					altimore		イクー	01
South	Dolt durant desir	7		D. STREET ADD				
	Baltimore Gene					narpe St.		
5. SEX female	colored		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	TH	9. AGE (In years last birthday)	Months Doy	Yr. If Under 24 Hrs
	JPATION (Give kind of war vorking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN C	OF COUNTRY?
13. FATHER'S NAM	NE .			14. MOTHER'S M	AAIDEN NAM	NE .		
	D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	35.4		ADDRESS	
1B.	210		CAUSE	OF DEATH			LINI	TERVAL BETWEEN
9.8	23-5-21			0.017				ISET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH		Fatter	livon			100	
(This does i	nat mean the made of asthenia, etc. It means	dying, e.g.,	(A) Fatty	TT/GL		000000000000000000000000000000000000000		
injury or con	nplication which coused	death.)						
	NTECENDENT CAUSE	2:						
DISEASES RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S'	NY, GIVING	DUE TO		***************************************	••••••••••		
			(C)			***************************************		
E	11		And the latest					
O THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T						2400 M
M 19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	r? (Yes or No)	208. IF YES, WERE FI		
012		TORMED		yes		Ves	SES OF DEATH	II.
UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 & hame, etc.)	PLACE OF INJURY (e.g., , form, factory, street, c	in or obout 21C. Noffice bldg., INJUR	WHERE DID Y OCCUR?	(If in Baltimare City, gi	ve exact location	an)
21D TIME OF INJURY	(Month) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCURRED	21F. H	OM DID INT	URY OCCUR?		
(APPROX.)		m. W	VHILE AT NOT AT W	WHILE D				
22.	rify that I held an I	nquiry 🗌	Inspection Aut	opsy C an	d that an th	ils basis, deoth in n	ny apinian	
resul	ted fram: Natural ca	uses V A	coldent Sulcid	e Homici	ide 🗌	Undetermined manne	er 🗆	
			1			XAMINER -		
ACTUAL	- MASSIE	14.6	+ (D	ATE SIGNED
SIGNAT	V	11.7	M.D.	ASSISTANT M			9/16/6	£
EXAMIN NAME (Tunal FF			ASSOCIATE M	MEDICAL E	XAMINER	7/10/0	כו
23A. BURIAL CRE REMOVAL (Specific	MATION, 238 DATE	2 Spit.z	C. NAME OF CEMETERY	CREMATORY ()	AR 300	OCATION A VIGITY	Atown or count	ly) (State)
	37.	~0 1965	VIALLETS.	DOLDE	BELLEY	LI CCHOC	1	
SEP 30	1965 P. D. B	- 24B NAME E Far	OF REGISTRAR NO VI	MOR	LARY ARY	SERVICE	- BCF	RESS ID
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M W SINGLE 1/26/79 86

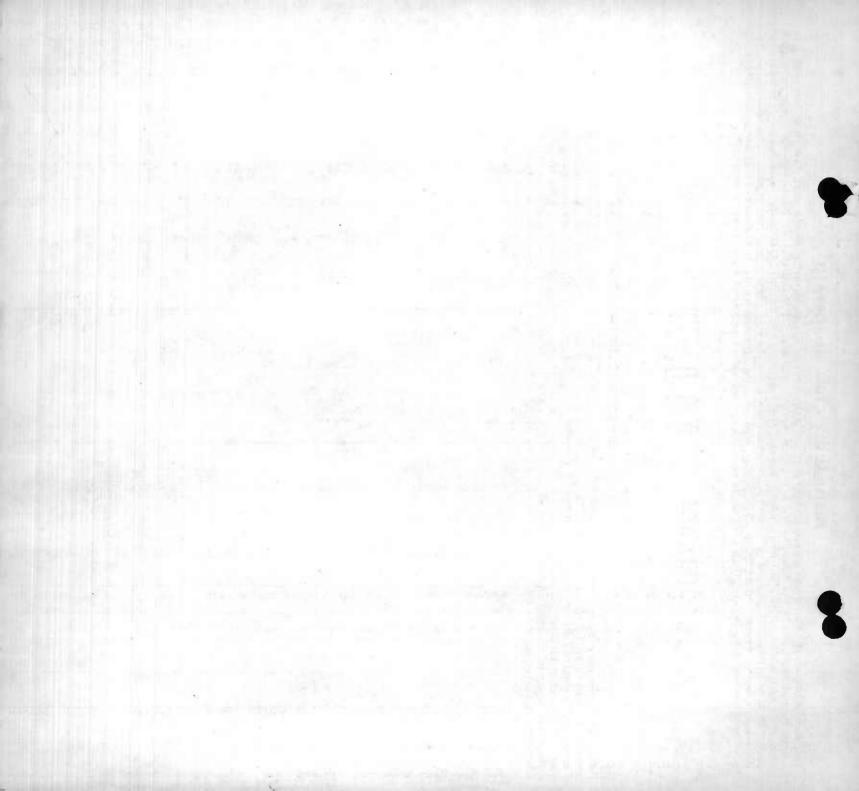
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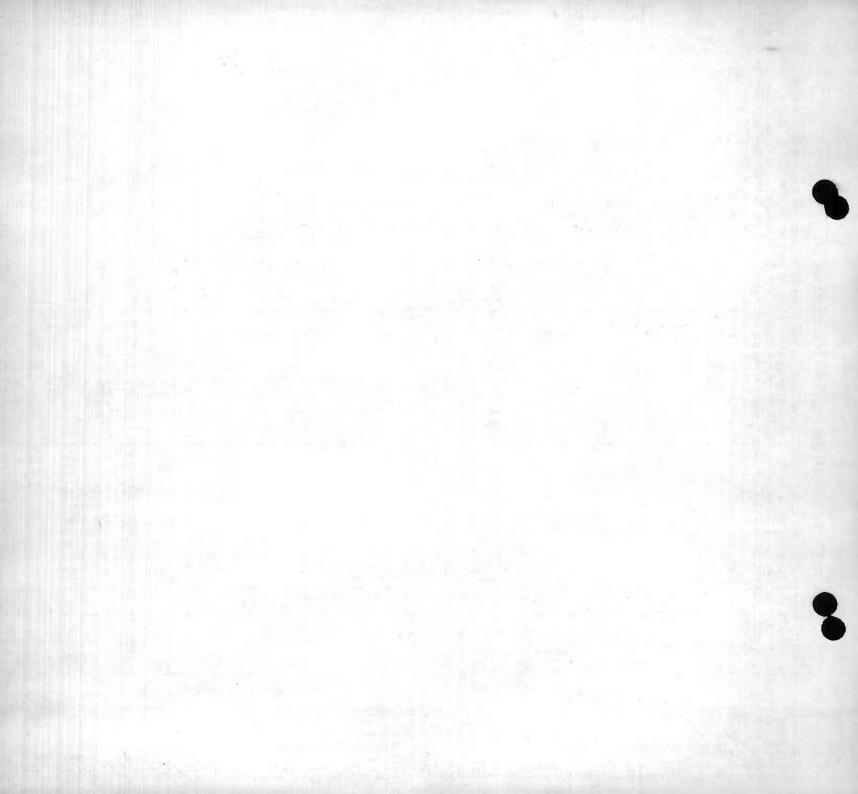
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Bernard KARPERS Universelled Hosp Md

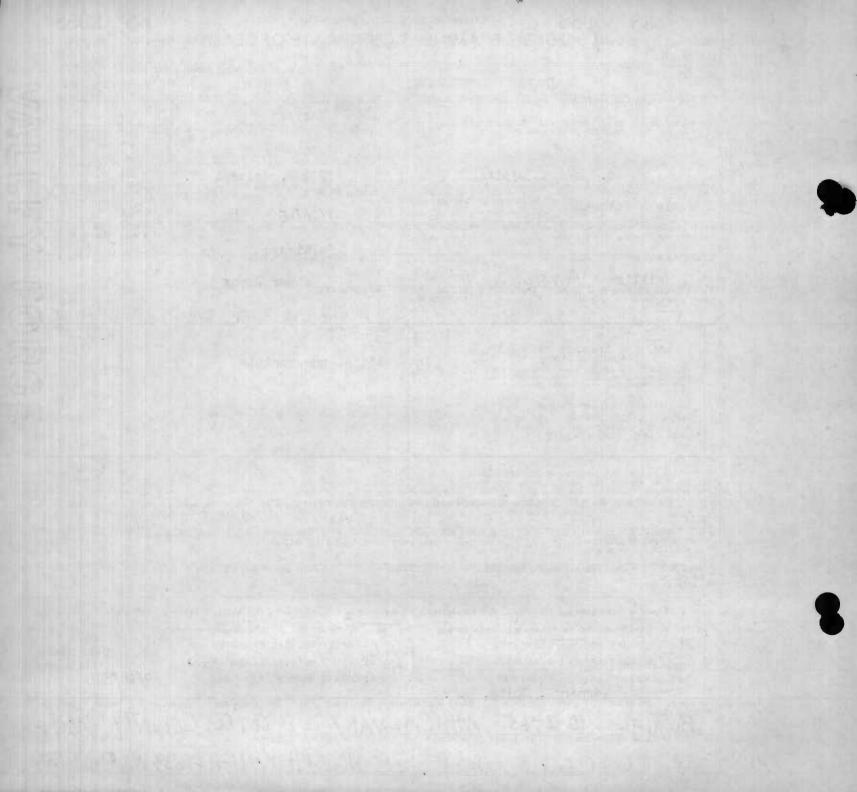
BIRTH	1 NO. 65	9986		TE OF DEA		65 9986
1.NA	ME OF DECEASED	o PORT	-0	2, D	ATE AND HOUR OF DEAT	65 530
	ACE OF DEATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE	E (Where deceased lived, If	institution: residence before admission
HO		hospital or institution location)	1	C. CITY OR TOWN D. STREET ADDRESS	We outside city limits, white	e RURAL and give township)
5. SEX	X 6. RACE		IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	if Under 1 %. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give k during most of working life, even		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FA	ATHER'S NAME			14. MOTHER'S MAID	EN NAME	
15. W. (Yes, n	/as Deceased Ever in U. S. / no or unknown) (If yes, give w	Armed Forces? For or dotes of service	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO.	LEADING TO (This does not meen the heart failure, asthenia, etc. injury or complication which antecedent the second tribute of the obave countries to the obave countries of the obave countries and the obave countries of the obav	mode of dying, of the disect to coused deoth.) CAUSES NS, if ony, gives (A) stoting lost.	(B) DUE TO ing lhe (C)) 18 a	tal	
	PA-DATE OF OPERATION	AUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Ye		E FINDINGS CONSIDERED CAUSES OF DEATH?
7 0	21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical examin	E OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE	DID (If in Boltim	nore City, give exact location)
AED!	21 D. TIME (Month) (Do) DF INJURY (APPROX.)	(Yeor) (Hour)	21E. INJURY OCCURRED While At Not While Work	e	OID INJURY OCCUR?	11
t1	22. I certify that (I) (this that (I) (we) lost sow the and from the country and from the country and some and	deceased olive	on Signature of the second of			ppinion deoth occurred on the dot
24A.	BURIAL CREMATION, 248, REMOVAL (Specify)	EP 28 196	M.D.	23D. ADDRESS	Phys. 1	(Air), phyn, or couply) (State)
25A.	DATE REC'D BY HEALTH D	.900	ME OF REGISTRAR	SITY MEI	ICAL SCHOOL	ADDRESS
VS 14	SEP 30 1965	P.C. B.E.	Fallynn	MORTUA	RY SERVICE	- BCHD



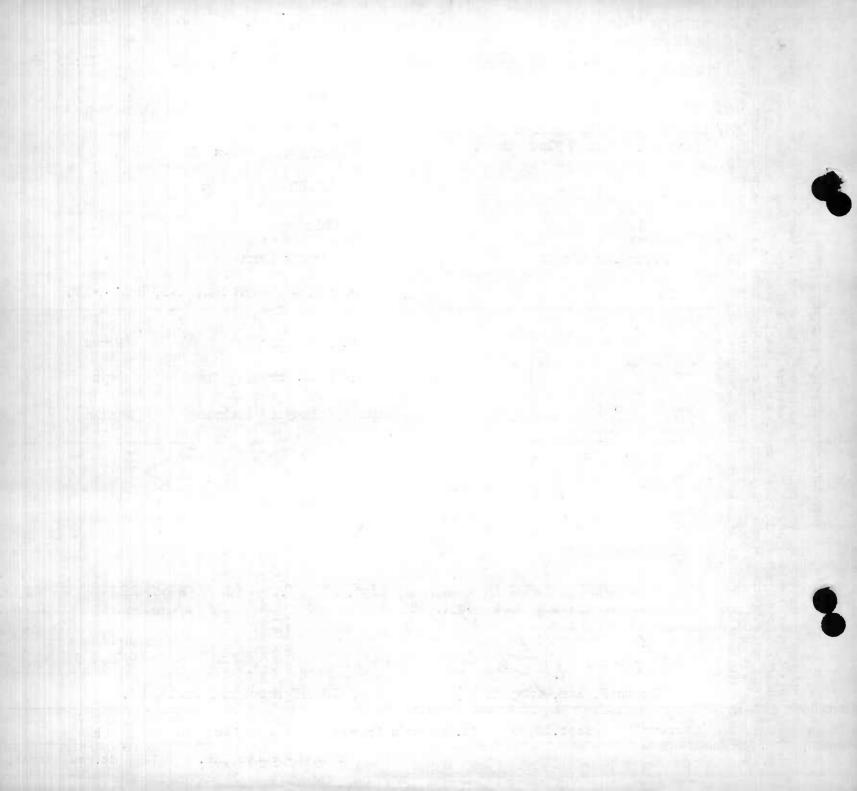


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VS 151-REV, 1/1/65



TIMORE CITY HEALTH DEPARTMENT



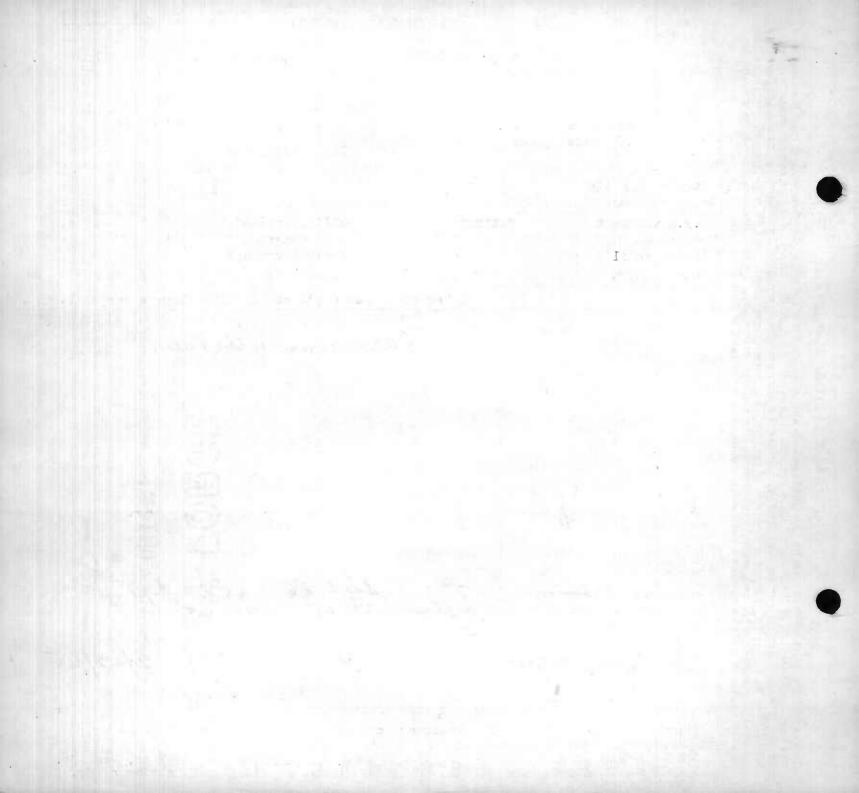
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and

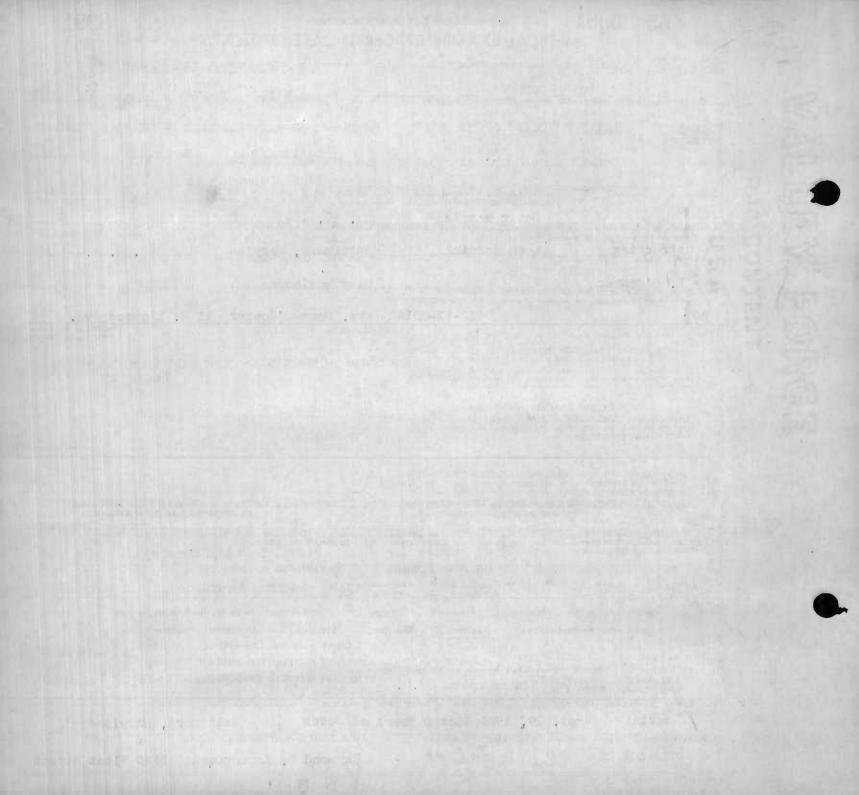
BALTIMORE CITY HEALTH DEPARTMENT 9990 Registered Na. BIRTH NO. CERTIFICATE OF DEATH of death Deceased Such in regular attendance on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Margaret J. Cockran September 27,1965 7:05 death. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Md Baltimore FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 9 written approval must be obtained before the remains are embalmed or final disposition is made.

6	/		_		D. STREET A	DDRESS (If		401		
	emale	6. RACE White	7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)			9. AGE (In years lost bitheby)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
lon	USUAL OCCU during most of S.Gove	working lile, eve	Wild of work 108, kind of Pauliness or Industry 11. Birthace (State or Isreign country) Retired Reti							
	eniel M		ау	w.						
5. Ye:	Wos Deceased s, no or unknown	Ever in U. S, Off yes, give	Anned Forces? wor or dotes of serv	ce) 16. SOCIAL SECURITY NO.						
	No		,	No Record	Leo Che	enoweth :	2108 Woodbou	urne Ave Balt.Md.		
	(This daes n	LEADING TO of meon the osthenia, etc.	DEATH mode of dying, II means the dise	e.g., DUE TO	*	ma of	the Vul	ONSET AND DEATH		
ATION	DISEASES C		ONS, if any, gi	ving						
	TO THE D	FICANT CONTEATH BUT	NOT RELATED TO	THE						
RTIFIC	19A. DATE OF	OPERATION	19B. CONDITION F	OR WHICH OPERATION						
AL CE	OR CONTRIBU DEATH (notify	TING CAU	SE OF	home, form, foctory, street,	office bldg., INJI	WHERE DID	(If in Boltimo	re City, give exact location)		
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Yeor) (Hour)	White At Not Whi	le 🗂					
	that (1) (we) last saw the deceased alive an Applember 27.19.6 and that in (my) Low) opinion death occurred an the date and have ond from the causes stated above. (1) (We) (did not) view the bady after death.									
6	23A. SIGNATU PLU 23C. PHYSICIA NAME IT	gro 1	Lezaro	M.D. At	tending Med. Stoff Phys. 9/27/65					
4.2		Benig								
4 A	REMOVAL (S Burial	pecify)	00/68							
5A	SEP 3) 1965 (Pole & E	Fallentin			ks Inc 121			

Baltimore, Md. 21202



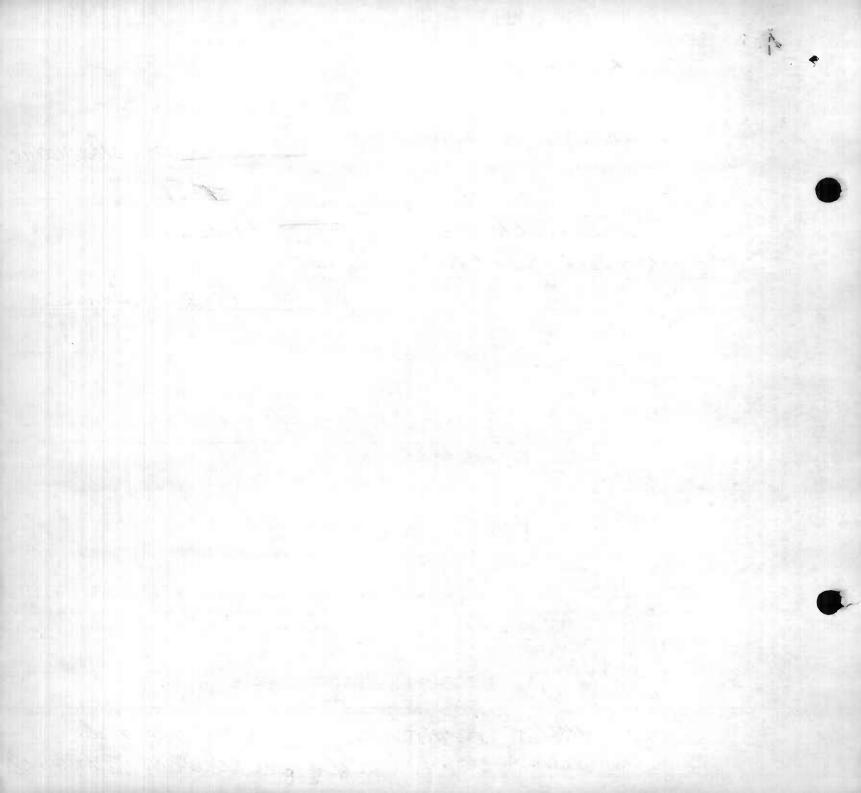
1	65	3331		SALTIMORE CITY HEAL				60 9991		
BIR	TH NO.	MED	ICAL EX	AMINER'S CI	ERTIFICA 1	E OF I	DEATH Regist	ered Na.		
M.	E CASE NO.									
1. (Tv	NAME OF DEC	EASED			I The house	2. DATE AN	D HOUR PRONOUNG	CED DEAD		
'''	pc 01 111111	ROY O'C	CONNOR			Septe	ember 25, 19	965 2:35 1	P M.	
3. 1	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE		deceased lived. If in B. CO	stitution: residence before odmi		
FU HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET		ryland VN (If outsid	le corporate limits, wri	te RUBAL and give township)		
6		Church Hon	ne Hospi	tal	D. STREET ADDI	ltimore		100	No.	
Þ		0	Hoopz		11		wood Ave			
5. 5	EX	6. RACE	7. MARRIED, WIDO WED, D	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	4	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24	His.	
7	white	male	never m	arried	Nov. 19.	1944	20			
		PATION (Give kind of working life, even if retired)	10B KIND OF	arried BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	Construct		Leon But	rdick	Baltimore	a. Mary	land	U.S.A.		
13.	FATHER'S NAM	E			14. MOTHER'S M.	AIDEN NAM	E			
Ro	y E. O'C	Connor DEVER IN U.S. ARMED	ronerra	16. SO CIAL	Mary Wdz	ieczna		ADDRESS		
		(If yes, give wor or dote		SECURITY NO.	IV. INFORMANT			ADDRESS		
r	10			212-42-2314	Mrs. Mar	y O'Con	nor 11 S.	Linwood Ave.		
	18.	88.0		CAUSE	OF DEATH			INTERVAL BETW		
	DISEAS	E OR CONDITION DE	RECTLY							
	(This days a	LEADING TO DEATH		(A) Over	dose of n	arcotic	s and inge	stion of alcoho	lic	
	heart failure,	ot meon the mode of osthenio, etc. It meons application which caused	the diseose,	XIXIXXIX				beverages		
	injuly of con	ipiicololi Wilcli coosea	deom./			· ·				
		ANTECENDENT CAUSES								
	RISE TO THE	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE								
7	UNDERLYING CONDITION LAST.									
ē										
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
Ē	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	19A. DATE OF	OPERATION 198, COM	IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
O	0,1	WAS PER				es	IN CERTIFYING CAL			
3	21 A. EXTERNAL	CAUSE WAS	21 B. I	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. W	HERE DID	(If in Boltimore City,	give exact location)		
E C	UTING CAU		etc.)	house			irham Stree	t 2-0	3	
Σ	21 D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	IE. INJURY OCCURRED	21F. HC	N DID INJ	URY OCCUR?	narcotio	S	
	(APPROX.) 9-25-65 5:00 P WHILE AT NOT WHILE XX Accidental overdose of alcohol and									
	22. I certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my aplaion									
		ted fram: Najural ca		ceident X / Suicide			Undetermined man			
				20.000		EDICAL EX				
100	ACTUAL		Mota	10 11 4	ASSISTANT M			DATE SIGNE	D	
	SIGNATI	EDIC V	Jun v.		ASSOCIATE M			Cant 26 1061		
	EXAMIN NAME (1		Breiten	ecker, M.D	ASSOCIATE M	EDICAL E.	AAMINER	Sept. 26, 1965	,	
23 A	BURIAL CREA	MATION, 238 DATE	230	. NAME of CEMETERY O	CREMATORY	23 D. L	OCATION (Cit	y, town, or county) (Stot	e)	
	Buri	al Sept.	29, 1965	Sacred Heart	t of Jesus	3	Baltimore	, Maryland		
24/	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR		ADDRESS		
	SEP 3	10 1965 Re	e 8 8.3	Farbeg#M	Raymond	L. Kac	czorowski	2525 Fleet Stre	et	
VS	151-REV. 1/1/6	55 1000		5 11 3 5	0 6	0 0				



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FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



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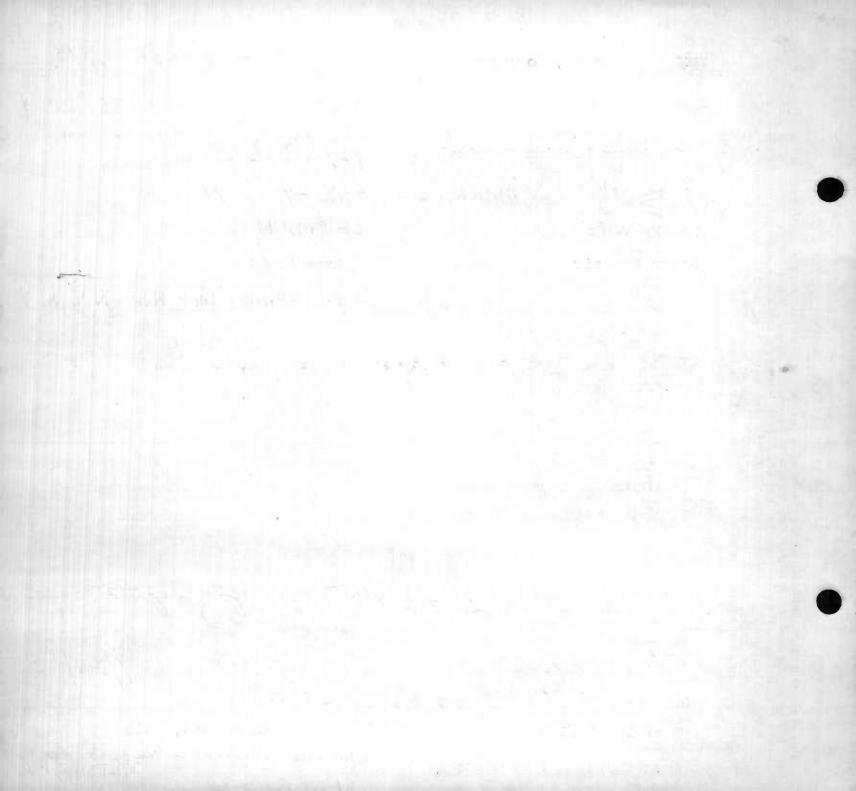
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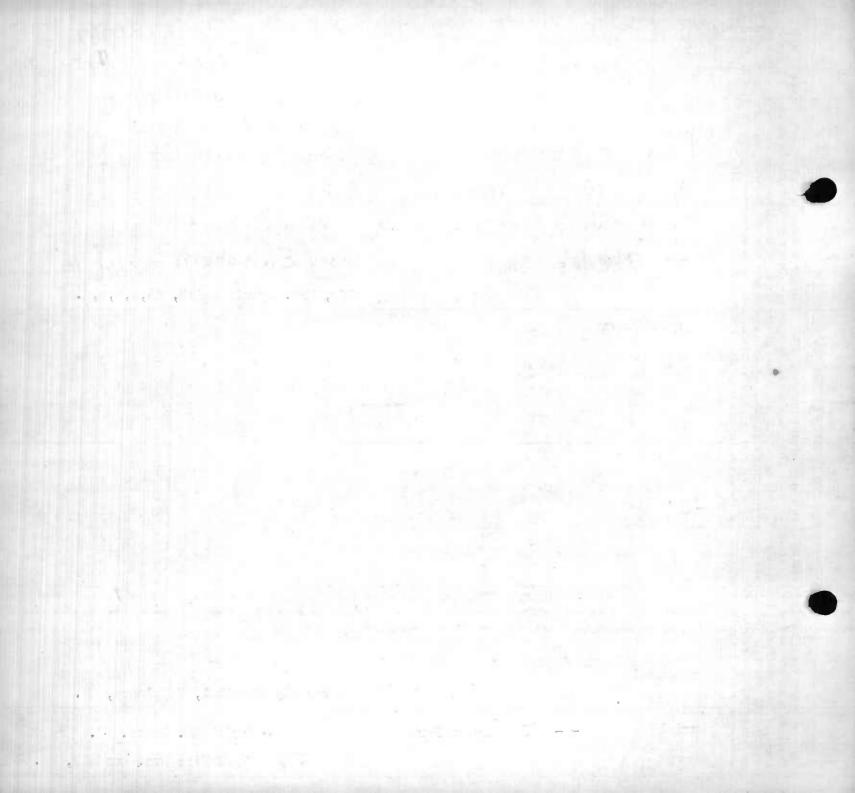


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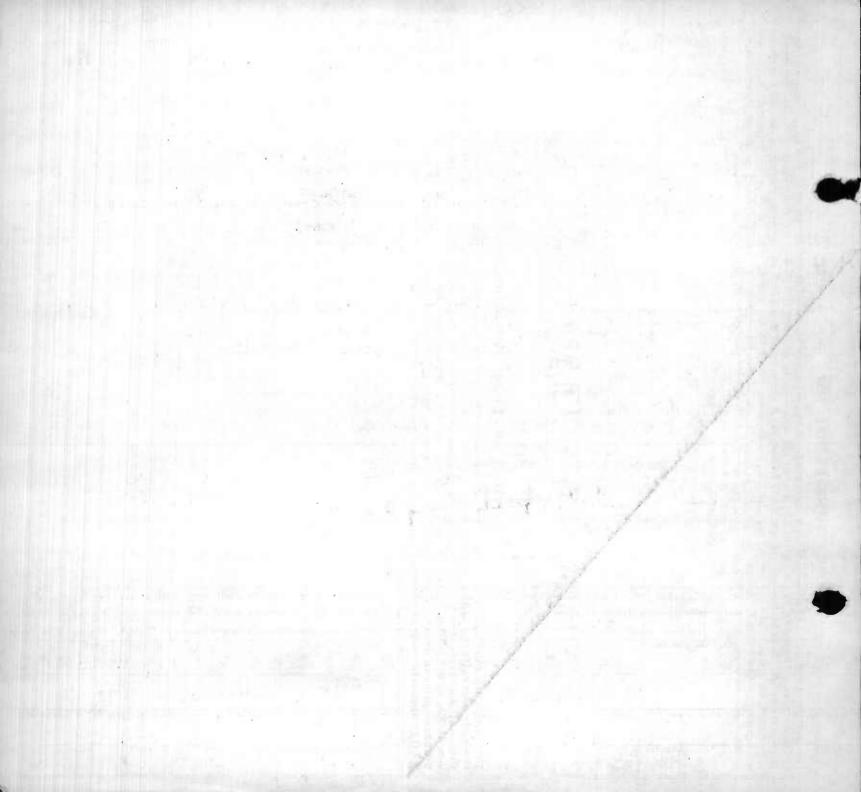
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4-614

BIRTH NO.	MEDI	ICAL EX	CAMINER'S C	ERTIFICAT	TE OF [EATH Register	red No			
M.E. CASE NO.										
1. NAME OF DE (Type or Print)		ם זמת				HOUR PRONOUNCE				
BLACE IN BAL	RONALD TRI		INCED DEAD	The section of the		ber 28, 196		:13 P M.		
S. PLACE IN BAL	IIMOKE, MAKILAND, W	HEKE PRONOL	INCED DEAD	A CTATE	aryland	deceased lived. If insti B. COU	NTY Balti			
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	THON, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
NSTITUTION	ADDRESS OR LOOK			Baltimore Dundalk						
21	City Hospi	tal		D. STREET ADD				0/10		
	J			28	809 Kirk	leigh Road	21222	2		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under 1 Yr.	If Under 24 Hrs		
male	white	Never N	DIVORCED(specify) โลรงว่า คดี	Nov. 1 1	954	10	TVIOTINIS Doy's	Hours Min.		
DA. USUAL OCC	UPATION (Give kind of work					country)	12. CITIZEN OF	ILLITAVA		
No	working life, even if retired)	S	tudent	Virgin	nia		U.S. A.	DINTRE		
3. FATHER'S NA	ME	-		14. MOTHER'S M						
Joseph T	ribble			Margar	et Rams	V				
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	Margar 17. INFORMANT	O A A A A A A A A A A A A A A A A A A A		ADDRESS			
No	No		No	Father.	Joseph	n Tribble, #	Elisabecs	4-		
1B.	104			E OF DEATH	оовор.	4 44 400 409	INTER	RVAL BETWEEN ET AND DEATH		
RISE TO THE UNDERLYI	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST. II CHIFICANT CONDITIONS DEATH BUT NOT REI	CONTRIBUTIE								
DISEASE C	R CONDITION CAUSING	IT.								
19A. DATE O	F OPERATION 198. CON WAS PERI		WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIN IN CERTIFYING CAUS		PERED		
O UNDERLYING	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21 C. V	WHERE DID	If in Boltimore City, giv	ve exoct locotion			
UTING CAL	JSE OF DEATH.	etc.)	street			Expressway	near St	ansbury I		
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year		TE. INJURY OCCURRED	WHILE -	ow DID INJU		3	3-00		
22.	22.									
	certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion									
resu	Ited from: Notural cou	usesA	Suici			Indetermined monne	or _			
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 9/29/6.										
EXAMII NAME (NER'S Rudiger	Breitene	ecker, M.D.	ASSOCIATE M	EDICAL EX	AMINER	9/29/03			
BAR BURIAL CRI	EMATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City,	town, or county)	(Stote)		
Durial	Oct. 1	1965	Moreland Mem.	Pank	Tav	lor Ave. Ba	lto. Co.	Md		
SEP 3	BY HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNER		7922 Wise	ADDRE	SS		
VS 161_BEV 1/1	/45				17 13					
/S 151-REV. 1/1.	03	1 1010	107 1.0		() 3					

	65 9	1998	BALTIMORE CITY	HEALTH	DEPARTMENT		65 0000			
IRTH NO.			CERTIFICA	TE O	F DEATH	Registered Na.	65 9999			
NAME OF DE	CEASED		also kn	07.770	D.C. 2. DATE	AND HOUR OF DEATH				
Type or Print)	DUB,	MICH	AEL Emilian		as	ot. 28,1965	1 2:45 A			
PLACE OF D	EATH IN BALTIMORE, MARY	LAND	BUILTISH	4. USUA	L RESIDENCE (WI	here deceased lived. If ins	stitution; residence before admis			
				A. STATE	B. COL	INTY	-17			
HOSPITAL OF		institution, g	give street	Me	ryland		0.5			
INSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 2727							
	St. Joseph Hos		D. STREET ADDRESS (If rurol, give locotion) 602 S. Broadway							
SEX	6. RACE 7	. MARRIED.	NEVER MARRIED			9. AGE (In years	If Under 1 Yr., If Under 24			
Male	White	WIDOWED, DIVORCED (specify)		8-19-95		last birthdoy)	Months Doys Hours M			
	A. USUAL OCCUPATION (Give kind of work 10 B		BUSINESS OF INDUSTRY			70	12. CITIZEN OF			
	of working life, even if retired)					reigit country/	WHAT COUNTRY?			
	ance Man		an Smelting &		Russia		Russia			
FATHERS NA	AME	Refi	ning	14. MOTH	IER'S MAIDEN N	AME				
	Unknown				Unknown					
. Was Decease	ed Ever in U. S. Armed Force	18?	16. SOCIAL	17. INFOR			ADDRESS			
es, no or unknov	vn) IIf yes, give wor or dotes	of service)	SECURITY NO.	36 77		D	4 72 2 7			
No			12-10-2008		arold E	. Davis, 190				
18.	(04/1		CAUSE O	PUEAIH			INTERVAL BETWEEN			
DIZEY	ASE OR CONDITION DIRE	CILY								
/WI: 1										
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. If means the disease,										
injury or complication which coused death,)										
ANTECEDENT CAUSES (B)										
DISEASES OR CONDITIONS, if any, giving										
rise to f	*******************************									
UNDERLYING CONDITION lost.										
Z OTHER SIGI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE	DEATH BUT NOT RELATI	ED TO THE		irrhos	sis					
19A. DATE C	R CONDITION CAUSING IT. OF OPERATION 198. CONDI	TION FOR W				No. 208. IF YES WERE FI	INDINGS CONSIDERED			
0	WAS PERFO			None 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
19A. DATE O	ENT WAS UNDERLYING	PLACE OF INJURY (e.g., in	n or about 2	TC. WHERE DID	IIf in Boltimore	City, give exact location)				
OR CONTRI	BUTING CAUSE OF	home	e, form, factory, street, of	fice bldg., I	NJURY OCCUR?	III - GIIIIII G	7. 5.0 2020 1000000			
21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		21 F. HOW DID IN	NJURY OCCUR?				
(APPROX.)		Whi	le At Not While	k L						
0 1 00 (5										
				19_			fan death accurred an the			
	nd fram the causes state	d abave. (I)) (((did) (did)((did)()((did)()()()()()()()()()()(iew the b	ady after death	•				
23A. SIGNATURE						238. DATE SIGNED				
	Jose a. 2	nanc	26 M.D. Atte	ending	Med. Director	Stoff Phys.	Sept. 28, 1965			
23C. PHYSIC	AN'S U		1	23D. ADDR	ESS					
NAME	Jose D. Ma	analo	M.D.	1)	100 N. Ca	roline Street	- 21213			
A. RUDIAL CO	REMATION, 248, DATE									
REMOVAL		24C. NA	ME of CEMETERY of CRE	MAIORY	24D.	LOCATION ICity	y. XoXoX JE XoXoX St			
Buria	1 10/1/65	St.	Stanislans		Ba	ltimore, N	Maryland			
A. DATE REC	DOBY HEALTH DEPT. 2	SB. NAME O	Stanislaus F REGISTRAR	25C. F	UNERAL DIRECTO	O R	ADDRESS			
SERM	CONTROL POR	3 February	set u	M.F	.SADOWSK	I & SONS, 18	308 EASTERN A			
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

